

(1) PLACE OF BIRTH

County of LancasterTownship of Lee

or

Inc. Town of 2009

or

City of (No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Macroy, Bessie If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26 1927

FATHER. MOTHER.

(8) FULL NAME Mc Brown (14) NAME BEFORE MARRIAGE Sara Mc Clan(9) PRESENT POSTOFFICE OF FATHER Stearns & P (15) PRESENT POSTOFFICE OF MOTHER Scraper S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(19) OCCUPATION Farmer (20) OCCUPATION Housewife(21) Number of children born to mother, including present birth 7 (22) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) S. B. O'Cooney M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Salem City S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/12 1928 (28) R. H. Leaster Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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