

At B—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH.

County of Mecklenburg  
Township of 135th  
or  
Inc. Town of .....  
or  
City of Buffalo  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**20386**

Registration District No. 42B Registered No. 41  
(For use of Local Registrar)

(2) Full Name of Child Bessie May Quinn (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 11, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter A. Quinn  
(9) PRESENT POST OFFICE OF FATHER Buffalo, N.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Mecklenburg, N.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Attie McLean  
(15) PRESENT POST OFFICE OF MOTHER Buffalo, N.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Mecklenburg, N.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. McLean  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Buffalo, N.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 9, 1922 (28) Jae H. Woodward 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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