

(1) PLACE OF BIRTH

County of Wm.burgTownship of Queen

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19491

Registration District No. 4308Registered No. 57
(For use of Local Registrar)

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

(2) Full Name of Child Betsy McRea If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH June 27, 1949 (7) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred McRea(9) PRESENT POSTOFFICE OF FATHER Balters Dept. S.S.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Wm.burg co. S.C.(13) OCCUPATION Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Louana Snowden(15) PRESENT POSTOFFICE OF MOTHER Balters Dept. S.S.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Williamsburg co. S.C.(19) OCCUPATION Farm laborer(20) Number of children of this mother now living, including present birth 2(21) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Joana Janner (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Balters Dept. S.S.

(Given name added from a supplemental report)

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

(27) Filed July 5-49 1949 (28) AK Moseley 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.