

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

28703

County of Anderson

Township of

or
Inc. Town ofCity of AndersonRegistration District No. 3ARegistered No. 346
(For use of Local Registrar)(No. 13 Prince St.; Ward)

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

(2) Full Name of Child Crene Mc Cue If child is not yet named, make supplemental report as directed

(3) ~~Boy or Girl~~ ✓ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 20 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Bunyon Vester Mc Cue(9) PRESENT POSTOFFICE OF FATHER Anderson SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Greenville Co SC(13) OCCUPATION Cotton mill(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Mc Gaha(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Pickens Co. SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Wade Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife uninsured

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-10 1922 (28) ANDERSON, S. C. 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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