

(1) PLACE OF BIRTH
County of *Chapman*
Township of *Shelburne*
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
10500

Registration District No. 1106

Registered No. 42
(For use of Local Registrar)

City of (No. 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 Lucy Mc Garity J

If child is not yet named, make supplemental report as directed.

3) BOY OR GIRL? *13m*

(4) Twin or Triplet?

(5) Number In
order of birth

(6) Are Parents

(7) DATE OF BIRTH:

BIRTH May 26 1922
(Name of Month) (Day) (Year)

(8) FULL NAME **FATHER.**
Guo McDonitz

9) PRESENT POSTOFFICE OF FATHER Lewis To Jr.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27
(Year)

12 BIRTHPLACE *HC*

13 OCCUPATION
Former

20) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE *Lava Gustafson*

(15) PRESENT POSTOFFICE OF MOTHER *Leaves No. 10*

(18) COLOR OR RACE *44* (17) AGE AT LAST BIRTHDAY *23*

(18) BIRTHPLACE As

(19) OCCUPATION
K. L. Smith

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report.

(28) Witnesses

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

... 19 ...
Registrar

(27) Filed 4-24-19 (28)

(28)..... 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.