

(1) PLACE OF BIRTH

County of YorkTownship of Hamersburg

Inc. Town of

City of

(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

20528

Registration District No. 4444 Registered No. 57

(For use of Local Registrar)

2) Full Name of Child J. Zenobia McNamee { If child is not yet named, make supplemental report as directed

SEX OR

Female

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parent Married?

(7) DATE OF BIRTH

June - 23 - 1922

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

John McNamee

PRESENT POSTOFFICE OF FATHER

Easton, N.C.

COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE

Albany, S.C.

OCCUPATION

Common Laborer

Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Hall

(15) PRESENT POSTOFFICE OF MOTHER

Rick Mill S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE

C. F. F. F.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6:50 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. E. D. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. 2000 S.E.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/10/1922 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.