

(1) FRANK OF BIRTH

County of York  
 Township of Orange Mtn.  
 Inc. Town of .....

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

1950

Registration District No. 44.27 Subdistrict No. 781  
 (For use of Local Registrar)

City of ..... (No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child .....

(3) SEX OF CHILD girl (4) Time of birth 3:30 PM (5) Date of birth July 10, 1923  
 To be entered only in case of Twin or Triplets

FATHER. (14) FULL NAME Clay Mc Mackie (15) PRESENT RESIDENCE OF FATHER Plow & Co (16) COLOR OF FATHER W (17) AGE AT LAST BIRTHDAY 25 (18) BIRTHPLACE York Co (19) OCCUPATION Farmer (20) Number of children born to mother, including present one 3

MOTHER. (14) FULL NAME Annie McPurter (15) PRESENT RESIDENCE OF MOTHER Plow & Co (16) COLOR OF MOTHER W (17) AGE AT LAST BIRTHDAY 25 (18) BIRTHPLACE York Co (19) OCCUPATION Housewife (20) Number of children of this mother and living present one 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .... (23) Date of birth July 10, 1923 (24) Sex girl (25) Place of birth York Co

(26) (Signature) M B Reed (27) Address of Physician or Midwife Plow & Co

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

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. J. Reed

(29) Filed July 10, 1923 (30) Local Registrar W. J. Reed

\*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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