

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

or  
Inc. Town of .....or  
City of Liberty, S.C.(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 John Thomas McFann Child is not yet named, make supplemental report as directed3 BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 13, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME John McFann9 PRESENT POSTOFFICE OF FATHER Liberty10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)12 BIRTHPLACE Mc13 OCCUPATION col. med. op.(20) Number of children born to mother, including present birth 1st

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Childs(15) PRESENT POSTOFFICE OF MOTHER Liberty(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Year)(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John at 5 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. J. Boyd  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 8, 1922 (28) John T. Boyd 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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**2283**Registration District No. 3705 Registered No. 12  
(For use of Local Registrar)

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8

JAN 10 1922