

(1) PLACE OF BIRTH

County of

Township of

In the Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66461

Registration District No. 4-107

Registered No. 67

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Full Name of Child

Harry Ann McEwen

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

Sex

Girl

(2) Twin or Triplet?

No

(3) Number in order of birth

1

(6) Are Parents Married?

No

(7) DATE OF BIRTH

June 26, 1916

(Name of Month) (Day) (Year)

FATHER

Name Harry A. Wright

Present Postoffice of Mother

Color or Race Black

Birthplace Sumter Co.

Occupation Farming

Number of children born to mother, including present birth

2

(14) NAME BEFORE MARRIAGE

Ellen McEwen

(15) PRESENT POSTOFFICE OF MOTHER

Pinckneyburg, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Sumter Co.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

H. P. McEwen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Pinckneyburg, S.C.

Given name added from a supplemental report

191

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7-5-1916

(28) S. B. McEwen

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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