

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

43776

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

Cecilia McRae

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

3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Twin

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 18, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry McRae

(9) PRESENT POSTOFFICE OF FATHER

Hasty, N.C. R.F.D

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Marion Co. SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Dorinda Stanton

(15) PRESENT POSTOFFICE OF MOTHER

Hasty, N.C. R.F.D

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Marion Co. SC

(19) OCCUPATION

Domestic

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

8

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:25 P.M. on the date above stated.

(23) (Signature)

Lucy Campbell

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Hasty N.C. R.F.D

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 23, 1922

(28)

J. H. Neathley

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 5.

MORGAN OF COLUMBIA, COLUMBIA, S. C.