

(1) PLACE OF BIRTH

County of YmsburgTownship of Penn

Inc. 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

37980

Registration District No. 4308 Registered No. 96
(For use of Local Registrar)(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 Oreal McCray If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY <u>Boy</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Nov 18 23</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>James McCray</u>			(14) NAME BEFORE MARRIAGE <u>Alice Ward</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Salters Depot S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Salters Depot S.C.</u>	
(10) COLOR OR RACE <u>negro</u>			(17) AGE AT LAST BIRTHDAY (Year) <u>40</u>	
(11) BIRTHPLACE <u>Ymsburg co. S.C.</u>			(16) BIRTHPLACE <u>Ymsburg co. S.C.</u>	
(12) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Farm laborer</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sylvia Ann Hurrell(24) State whether Physician or Midwife
midwife(25) Address of Physician or Midwife
Salters Depot S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 18th 1923 (28) A. W. Moseley Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.