

## (1) PLACE OF BIRTH

County of Florence  
 Township of Lake  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

42403

Registration District No. 2009Registered No. 146  
(For use of Local Registrar)

City of..... (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

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 24 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Marion E. Mc Gee  
 (9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 yrs. (Years)  
 (12) BIRTHPLACE Scranton, S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Mackey  
 (15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 yrs. (Years)  
 (18) BIRTHPLACE Heath Springs, S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 6 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Lynch M.D.(24) State whether Physician or Midwife(25) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplement-  
 tal report

(26) Witness

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

(27) Filed 12/28 1923(28) R. L. Carter  
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.

BEFORE THE FIFTH MONTH OF PREGNANCY