

(1) PLACE OF BIRTH

County of Yamoussburg
 Township of Penn
 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

30528

Registration District No. 4308 Registered No. 79
 (For use of Local Registrar)

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

(2) Full Name of Child unnamed (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL Boy (2) Twin or Triplet To be answered only in event of Twin or Triplet (3) Number in order of birth (4) Are Parents Married yes (5) DATE OF BIRTH Sept 29 1923 (Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(1) FULL NAME <u>Bill McCre</u>	(14) NAME BEFORE MARRIAGE <u>Liz Gamble</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Salters Depot S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Salters Depot S.C.</u>
(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(18) COLOR OR RACE <u>negro</u>	(19) AGE AT LAST BIRTHDAY <u>27</u> (Year)
(12) BIRTHPLACE <u>Yamoussburg co. S.C.</u>	(13) OCCUPATION <u>farm laborer</u>	(14) BIRTHPLACE <u>Yamoussburg co. S.C.</u>	(15) OCCUPATION <u>farm laborer</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 4:20 P. M.

(23) (Signature) Lernia Singletary
 (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 25 is signed by mark)

(27) Filed Sept 29 1923 (28) A. W. Mosley 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.