

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Shiloh
 or
 Inc. Town of

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

No. for State Registrar Only
22733

Registration District No. 4-1-2-7 Registered No. 66
 (For use of Local Registrar)
 (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

(2) Full Name of Child Jamie R. McEwan

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>July 14, 1926</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Fred Witherington</u>			(14) NAME BIRTH <u>Sarah E. McEwan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Shiloh, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Shiloh, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Clarendon Co</u>			(18) BIRTHPLACE <u>Clarendon Co</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn?)
 on the date above stated. (Day, Month, and Year A. M. or P. M.)

(23) (Signature) Kora X McEwan
 (24) State whether Physician or Midwife Midwife (25) Address Shiloh, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed)
7-19-26
 (27) Filed 7-19-26 S. B. McEwan
 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.