

USE OF THIS FORM IS LIMITED TO THE PURPOSES SPECIFIED IN THE INSTRUCTIONS. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. THE STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

File No. - For State Registrar Only  
30048

County of Fairfield Co  
Township of Winnsboro  
or  
Inc. Town of Winnsboro SC  
or  
City of Winnsboro SC  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 19th

Registered No. ....  
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 20 1922  
(Name) (Month) (Day) (Year)

FATHER.  
(8) FULL NAME Wallace McCrory  
(9) PRESENT POSTOFFICE OF FATHER Winnsboro SC  
(10) COLOR OR RACE White negr (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Fairfield Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Oliver Smith  
(15) PRESENT POSTOFFICE OF MOTHER Winnsboro SC  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Fairfield Co  
(19) OCCUPATION Iron Work  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 at P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Child Living James C Mitchell  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report  
.....  
....., 19 ..  
Registrar

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

(27) Filed ..... 19 .. (28) 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.