

(1) PLACE OF BIRTH

County of Fairfield Co
 Township of Winnsboro
 or
 Inc. Town of Winnsboro SC
 or
 City of Winnsboro SC (No. 19)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only
30048

Registered No.
 (For use of Local Registrar)

St.; Ward

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 20 1922</u> (Name) (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Wallace McCrory</u>	(14) NAME BEFORE MARRIAGE <u>Oliver Smith</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Winnsboro SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Winnsboro SC</u>
(10) COLOR OR RACE <u>Light negr</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Fairfield Co</u>	(18) BIRTHPLACE <u>Fairfield Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Iron Work</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

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) Chad Loring James Mitchell
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Midwife

Given name added from a supplemental report

(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.