

(1) PLACE OF BIRTH

County of SullivanTownship of Harveysvilleor
Inc. Town of.....or
City of.....

(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

18384

Registration District No. 1602Registered No. 67
(For use of Local Registrar)

(2) Full Name of Child

Wm. Edward McNair (If child is not yet named, make supplemental report as directed)(1) BOY OR GIRL Boy(4) Twin or Triplet No
To be answered only in event of Twin or Triplet

(3) Number in order of birth

(5) Are Parents Married Yes(7) DATE OF BIRTH May 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. McNair(9) PRESENT POSTOFFICE OF FATHER Little Rock Ar.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE Ar.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lulu Dimer(15) PRESENT POSTOFFICE OF MOTHER Little Rock Ar.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Ar.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 on the date above stated.
(Sign alive or stillborn. (Hour A. M. or P. M.))(23) (Signature) June Brecken

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Little Rock Ar.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only if signed by doctor)

(27) Local Registrar

When there was no attendance
If a child is born at home