

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Two Kay

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26611

For use of Local Registrar

Inc. Town of Registration District No. 4311 Registered No. 41
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Betha McGill

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth
 To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 5 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hamnie McGill(9) PRESENT POSTOFFICE OF FATHER Neemith S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE Williamsburg Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Presley(15) PRESENT POSTOFFICE OF MOTHER Neemith S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE Williamsburg Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Setra Burrara

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Neemith S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 7 1923 (28) S. Stinson 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.

(For use of Local Registrar)

Ward number.)

med. make a directed

22 23 day (Year)

1923

41

32

(Years)

4

7

P.M.

d. or P. M.)

or Midwife

S.C.

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Registrar.

return. If fore the