

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAB OF COLUMBIA, COLUMBIA, S. C.

N.

MCCAB

## (1) PLACE OF BIRTH

County of Cherokee  
Township of Cherokee  
or  
Inc. Town of Cherokee  
or  
City of Cherokee

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

File No.—For State Registrar Only  
**40555**

Registration District No. 2-B

Registered No. 46  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lee Roy Berry

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 25, 1932  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel T. Berry  
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Barnwell Co. S.C.  
(13) OCCUPATION Mill Operator  
(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Ide Hancock  
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Charleston S.C.  
(19) OCCUPATION Homemaker  
(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Huntington B. Berry  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee, 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 Dec 22 1932 (28) H. R. Turnbull, S. C. 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.

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KODAK SAFETY FILM