CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19027

(1) PLACE OF BIRTH
County of Florence
Township of Cairo
or
Inc. Town of —
or
City of —
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2001 Registered No. 13.
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Cary Mae McCracken 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 event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH — 1 (Name of Month) 24 (Day) 1916 (Year)

FATHER.

(8) FULL NAME G. N. McCracken
(9) PRESENT POSTOFFICE OF FATHER Pamplico S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Horry Co. S.C.
(13) OCCUPATION Mill Foreman
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Compton
(15) PRESENT POSTOFFICE OF MOTHER Pamplico S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Horry Co. S.C.
(19) OCCUPATION Housewife
(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 alive (Born alive or stillborn) at 2:20 a. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Amanda x Myers
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Pamplico. S.C.

Given name added from a supplemental report
....., 191....
Registrar

(26) Witness J. H. Ryan
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan. 26 1916 (28) E. L. Montgomery
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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Form No. 10.
WRITE PLAINLY. WHERE UNCERTAIN, LEAVE BLANK.
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.
Law of Columbia.