

Form No. 8

(1) PLACE OF BIRTH

County of MarionTownship of Marionor
In. Town of _____

(My of _____ (No. _____ (St. _____ Ward)

(2) Full Name of Child James Leroy McGee (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Boy(4) Yes Triplet?(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH July 21, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James M. McGee(9) PRESENT POSTOFFICE OF FATHER Latta S. C. #3(10) COLOR OR RACE Negro(11) BIRTHPLACE Marion Co(12) OCCUPATION Farming(13) Number of children born to mother, including present birth Three(14) AGE AT LAST BIRTHDAY 25 (Years)(15) NAME BEFORE MARRIAGE Gerty Clarke(16) PRESENT POSTOFFICE OF MOTHER Latta S. C. #3(17) COLOR OR RACE Negro(18) BIRTHPLACE Marion Co S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 4:30 M. on the date above stated. (When alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) James M. McGee(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Latta S. C. #3

(When name added from a supplemental report)

(25) Witness _____

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Aug 1, 1923 (27) Carrie H. Gass 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 8th month of pregnancy.