

## (1) PLACE OF BIRTH

County of York  
 Township of King's Mtn.  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only

32764

Registration District No. 4407 Registered No. 87  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George McCarter</u>			(14) NAME BEFORE MARRIAGE <u>Laurie Beaumgard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York S.C. #6</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York S.C. #6</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>York Co</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>York Co</u>		
(20) Number of children born to mother, including present birth <u>15</u>		(19) OCCUPATION <u>Housewife</u>		
(21) Number of children of this mother now living, including present birth <u>10</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. F. McNeill  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 5 1922 (28) C. E. Ford  
 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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