

Delayed

(1) PLACE OF BIRTH

County of Abbeville
Township of Salmon
or
Inc. Town of

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

File No.—For State Registrar Only
26934

Registration District No. H.6.2 Registered No. 47—
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Virginia Mc Bride If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 4, 1923</u> (State of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Mc Bride</u>			(14) NAME BEFORE MARRIAGE <u>General Martin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Appleton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Appleton SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Form Labor</u>		(19) OCCUPATION <u>Form Labor</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:08 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dora McCarre

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Appleton SC

Given name added from a supplemental report

(26) Witness Sept 20, 1923 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 20, 1923 (28) F. H. Boyd 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.