

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH  
 County of Greenwood  
 Township of Ninety Six  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Ninety Six  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 2301 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

(No. 117 Saluda Avenue) \_\_\_\_\_ Ward)  
 If child is not yet named, make supplemental report as directed.

2. FULL NAME OF CHILD Willie Mae McEntyre

FI 23 046603

3. Boy or Girl Girl If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth Dec. 18, 1923  
 Full term yes Married? yes (Month, day, year)

9. Full name FATHER: Lloyd T. McEntyre 18. Name before marriage MOTHER: Cora B. Sreater  
 10. Residence (mailing address) Ninety Six S.C. 19. Residence (mailing address) Ninety Six S.C.  
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 31 (Years) 20. Color or race White 21. Age at last birthday 22 (Years)

13. Birthplace (city or place) Elberton Ga. 22. Birthplace (city or place) Clarksville Ga.  
 (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carding</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton Mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:00 P M. on the date above stated.  
 (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date. (Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) D. D. Kinard, M.D.  
 or \_\_\_\_\_, Midwife.

Given name added from \_\_\_\_\_  
 a supplementary report \_\_\_\_\_ (Date of)

Address Ninety Six, S.C.  
 Filed June 14, 1940 M. B. Woodward  
 Registrar. M. B.

Registrar.