

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 Niney Six
or
Inc. Town of Niney Six
or
City of Niney 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. 23 046603
(For use of Local Registrar)

(No. 117 Schuda Avenue Ward)

2. FULL NAME OF CHILD

Willie Mae McEntyre (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth Dec. 18, 1923
(Month, day, year)

9. Full name FATHER: Lloyd T. McEntyre

18. Name before marriage MOTHER: Cora B. Dwyer

10. Residence (mailing address) Niney Six S.C.
(If non-resident, give place and State)

19. Residence (mailing address) Niney 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.
(State or country)

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carding

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cotton Mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

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..... (b) Born alive but now dead..... (c) Stillborn.....

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. K. Moore, M.D.
or..... Midwife.

Given name added from a supplementary report..... (Date of).....

Address Niney Six S.C.
Filed June 14, 1940 M. B. Woodward
Registrar. m.d.