

Form No. 1

(1) PLACE OF BIRTH

County of Wm. burgTownship of Penn

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24262

Registration District No. 4308 Registered No. 61
(For use of Local Registrar)(2) Full Name of Child Jacob Mc Bride If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 12th 1924</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jacob Mc Bride(9) PRESENT POSTOFFICE OF FATHER Eastern Depot S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Wm. burg co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Martha McClary(15) PRESENT POSTOFFICE OF MOTHER Eastern Depot S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Williamsburg co. S.C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Father

(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 22 is signed by mark)(27) Filed July 27th 1924 (28) A. R. Mc Bride 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.