

(1) PLACE OF BIRTH

County of Williams....Township of Williams....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 HealthRegistration District No. 4302 Vol. 45 Registered No. H.9....
(For use of Local Registrar)(2) Full Name of Child Jesse McBride If child is not yet named, make
supplemental report as directed.(a) SEX Boy (b) Type Full (c) Number in 1 order of birth (d) Age 23 (e) DATE OF BIRTH Oct 1, 1923

FATHER.		MOTHER.	
(a) FULL NAME <u>Charley McBride</u>	(1a) NAME BEFORE MARRIAGE <u>Mary McBride</u>	(b) PRESENT RESIDENCE OF FATHER <u>Williams</u>	(1b) PRESENT RESIDENCE OF MOTHER <u>Williams</u>
(1c) COLOR OR RACE <u>W</u>	(1c) COLOR OR RACE <u>W</u>	(1c) AGE AT LAST BIRTHDAY <u>34</u>	(1c) AGE AT LAST BIRTHDAY <u>27</u>
(1d) BIRTHPLACE <u>Williams</u>	(1d) BIRTHPLACE <u>Williams</u>	(1e) OCCUPATION <u>Farmer</u>	(1e) OCCUPATION <u>Housekeeper</u>
(2a) Number of children born to mother, including present birth <u>6</u>	(2b) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2c) I hereby certify that I attended the birth of this child, who was born on the date above stated. (If alive certificate) (How A. M. or P. M.)(2d) (Signature) Verline Shaw (2e) Address of Physician or Midwife Williams

Given name added from a supplementary report <u>See Affidavit</u> <u>6/7/45</u> <u>P. H.</u> Registrar	(2f) Witness (Signature of Witness necessary only when question is signed by mark) <u>Charley McBride</u> <u>Oct 10</u> Local Registrar
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When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.