

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 2.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|---------------------|---|---|--|--|
| County of <u>Lee</u> | | STATE OF SOUTH CAROLINA | | 4443 | |
| Township of <u>Lynchburg</u> | | Bureau of Vital Statistics | | | |
| or Inc. Town of <u>Lee</u> | | State Board of Health | | | |
| City of <u>Lee</u> | | Registration District No. <u>3007</u> | | Registered No. <u>26</u> | |
| (No. <u>1</u>) | | (For use of Local Registrar) | | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Concile McNameal</u> | | If child is not yet named, make supplemental report as directed | | | |
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married <u>yes</u> | (7) DATE OF BIRTH <u>Feb. 18, 1923</u> | |
| To be answered only in event of Twin or Triplet | | | (Name of Month) (Day) (Year) | | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>August McNameal</u> | | | (14) NAME BEFORE MARRIAGE <u>Lida Williams</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Elliot S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Elliot S.C.</u> | | |
| (10) COLOR OR RACE <u>Negro</u> | | | (16) COLOR OR RACE <u>Negro</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>60</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>29</u> (Years) | | |
| (12) BIRTHPLACE <u>Lee Co. S.C.</u> | | | (18) BIRTHPLACE <u>Charleston Co. S.C.</u> | | |
| (13) OCCUPATION <u>Farming</u> | | | (19) OCCUPATION <u>House work</u> | | |
| (20) Number of children born to mother, including present birth <u>18</u> | | | (21) Number of children of this mother now living, including present birth <u>7</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7 A.</u> M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Rebecca Scarborough</u> | | (24) State whether Physician or Midwife <u>Midwife</u> | | | |
| (25) Address of Physician or Midwife <u>Elliot S.C.</u> | | | | | |
| (Given name added from a supplemental report) | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | | |
| | | (27) Date <u>2/22/23</u> (28) Local Registrar <u>J. F. McIntosh</u> | | | |

*When there was no attending physician or midwife, the father, householders, 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 last month of pregnancy.