

Form No. 1

(1) PLACE OF BIRTH

County of Willson

Township of

Inc. Town of Willson

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

39900

Registration District No. 16 Registered No. 65
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same including street and number.)
(If child is born at home, give name of attending physician or midwife.)(2) Full Name of Child Dr. Cor. William M. McChesney

1) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	3) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 30 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>George M. Lunn</u>			14) NAME BEFORE MARRIAGE <u>Mathe Curry</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Willson S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Willson S.C.</u>	
10) COLOR OR RACE <u>Caucasian</u>			17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
12) BIRTHPLACE <u>Willson S.C.</u>			18) BIRTHPLACE <u>St Paul N.C.</u>	
13) OCCUPATION <u>Public Work</u>			19) OCCUPATION <u>House Work</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Dr. Cor. William M. McChesney at Willson S.C. on the date above stated. (Date of birth) (Hour A. M. or P. M.)(23) (Signature) Dr. Cor. William M. McChesney (24) State whether Physician or Midwife
(25) Address Willson S.C.

(When name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 29 1923 (28) Dr. Cor. William M. McChesney 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.