

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCam, of Columbia.

(1) PLACE OF BIRTH

County of York  
 Township of Ft. Mill  
 or  
 Inc. Town of \_\_\_\_\_  
 City of \_\_\_\_\_

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2777

Registration District No. 1406

Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplementary report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 15 1922</u> (Name of Month) (Day) (Year)
(8) FATHER'S NAME <u>William Decker Lacy</u>		(9) MOTHER'S NAME <u>Agnes M. Lacy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ft. Mill S.C.</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Ft. Mill S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>York County S.C.</u>		(12) BIRTHPLACE <u>Ft. Mill S.C.</u>		
(13) OCCUPATION <u>Housewife</u>		(13) OCCUPATION <u>Housewife</u>		
(14) Number of children born to mother, including present birth <u>1</u>		(14) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour 10:00 M. or P. P.)

(23) (Signature) J. B. Bennett  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ft. Mill S.C.

Given name added from a supplementary report

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

(27) Filed Feb 4 1922 (28) A. L. Parks 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.