

(1) PLACE OF BIRTH

County of AndersonTownship of Randy Forkor
Inc. Town of

City of

(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

19799

Registration District No. 9. P. 2 Registered No. 5-D
(For use of Local Registrar)(2) Full Name of Child Ruth McBee If child is not yet named, make supplemental report as directed3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 23, 1923
(Date of Month) (Day) (Year)

FATHER.

8) FULL NAME Amos McBee9) PRESENT POSTOFFICE OF FATHER Piedmont - R. 46(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)12) BIRTHPLACE Blacksburg S.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Malena Dickey

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 48
(Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8.30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Bell(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Piedmont S.C.

(Given name added from a supplemental report)

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

(27) Filed July 31, 1923 (28) J. H. Walter 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.