

Form No. 1

(1) PLACE OF BIRTH
County of Marlboro

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

File No.—For State Registrar Only
46814

Township of BennettsvilleInc. Town of BennettsvilleCity of BennettsvilleRegistration District No. 33-ARegistered No. 9
(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 John Milton McCordy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19th 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Shakespeare S McCordy
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville S C
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Williamsburg Co S C
 (13) OCCUPATION Barber Shop Porter
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Daisy L Quirk
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville S C
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Marlboro Co S C
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was alive at 3:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Judith Gillespie(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville S C

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 29th 1916 (28) W W Tate 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.

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

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