CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64057

(1) PLACE OF BIRTH

County of Dillon

Township of Harlesville

or

Inc. Town of ..... Registration District No. 1602 Registered No. 34 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bessie McRae ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH June (Name of Month) 10 (Day) 1916 (Year)

To be answered only in event of Twins or Triplets.

FATHER.

(8) FULL NAME John McRae

(9) PRESENT POSTOFFICE OF FATHER Dillon S.C. R3

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Marlboro Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Amie Townsend

(15) PRESENT POSTOFFICE OF MOTHER Dillon S.C. R3.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Bennettsville S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Katherine Bethea

(24) State whether Physician or Midwife: Mid wife

(25) Address of Physician or Midwife: Dillon S.C. R3

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness L. J. Smith (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 30 1916 (28) H. A. Henderson 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.

..... Registrar

(27) Filed ..... 191.. (28) ..... Local Registrar.

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WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.
McCaw, o McCaw, of Columbia.