

## (1) PLACE OF BIRTH

County of Barnesley

Township of .....

or  
Inc. Town of .....or  
City of Strawberry

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

Full Name of Child Elsworth Lee McBride If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in event of twins or triplets)</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 26 22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>John William McBride</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Lee Avant</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Strawberry S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Strawberry S.C.</u>
(9) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(10) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(11) BIRTHPLACE <u>Strawberry S.C.</u>	(18) BIRTHPLACE <u>Georgetown, S.C.</u>	(12) OCCUPATION <u>Section Foreman A.C. &amp; R.R.</u>	(19) OCCUPATION <u>Wife</u>
(13) Number of children born to mother, including present birth <u>Fourth</u>	(21) Number of children of this mother now living, including present birth <u>Fourth</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child who was born alive at 1:10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. P. Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Charleston, S.C.

Extra name added from a supplemental report

..... 191.....

Registrar

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

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

If 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.