

Form No. 1

(1) PLACE OF BIRTH

County of Monroe  
Township of Andover  
or  
Inc. Town of ✓  
or  
City of ✓

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8790

Registration District No. 4300

Registered No. ....  
(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 not named

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

(3) BOY OR GIRL Boy (4) Twin or Triplet Twins (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 15, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. E. McCant  
(9) PRESENT POSTOFFICE OF FATHER Lucas S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40  
(Year) (12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Norton  
(15) PRESENT POSTOFFICE OF MOTHER Lucas S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36  
(Year) (18) BIRTHPLACE S.C.  
(19) OCCUPATION

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Porter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Andover S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) J. H. Porter 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.