

(1) PLACE OF BIRTH

Township of *McGinnel S. C.*

Inc. Town of.....
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 James Covington Jr. If child is not yet named, make supplemental report as directed

1 SEX OF CHILD Boy	4) Twin or Triplet? Twin To be answered only in event of Twins or Triplets	5) Number In order of birth 2	6) Are Parents Married? yes	7) DATE OF BIRTH Sept 19, 1922 (Name of Month) (Day) (Year)
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5 FULL NAME James Covington

PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *30*

2 BIRTHPLACE Mc Cormick S C

13) OCCUPATION Farmer

5) Number of children born to mother, including present birth 3

MOTHER.
(10) NAME BEFORE MARRIAGE *Marie Murrie*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *neuro* (17) AGE AT LAST BIRTHDAY *24*

(18) BIRTHPLACE 2791 Cambridge St

(19) OCCUPATION
Farm hand

(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alfred at 11 a.m.
on the date above stated.

(23) (Signature) Emma Donaldson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Box 13

Given name added from a supplemental report.

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

(27) Filed 10-2-22 (28) *D. J. M. Carroll*
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.