

(1) PLACE OF BIRTH

County of *Richland*Township of *Richland*or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18453

Registration District No. *1814*Registered No. *24*

(For use of Local Registrar)

2) Full Name of Child *Emma Beatrice McInnis*

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

3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *JUN 20 1922*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William McInnis*(9) PRESENT POST-OFFICE OF FATHER *Low St.*(10) COLOR OR RACE *A. S.*(11) AGE AT LAST BIRTHDAY *38* (Years)(12) BIRTHPLACE *Richland Co. S.C.*(13) OCCUPATION *Farming*(14) Number of children born to mother including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Emma C. Lach*(15) PRESENT POST-OFFICE OF MOTHER *Low St.*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *37* (Years)(18) BIRTHPLACE *Richland Co. S.C.*(19) OCCUPATION *Farming*(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born* at *5:10* *PM*, (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Julia M. C. Jones*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Richland Co. S.C.*

Given name added from a supplemental report

(26) Witness *Willie McInnis*

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

(27) Filed *July 7 1922*

(28)

L. S. Maxwell
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.

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