

MARGIN HERE TO BE FOLDED. WRITE PLAINLY. WITH UNFOLDING, THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH  
County of Oconee  
Township of Center  
or  
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.)

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

File No.—For State Registrar Only  
**39531**

Registration District No. 3500 Registered No. 143  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 3, 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Silas McDonald  
(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Oconee Co., S.C.  
(13) OCCUPATION Farming

MOTHER.  
(14) NAME BEFORE MARRIAGE Cassie Hinger  
(15) PRESENT POSTOFFICE OF MOTHER Westminster S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Hainsville Ga  
(19) OCCUPATION Housekeeping  
(20) Number of children born to mother, including present birth 15  
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) I. J. Paul  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 10 22 (28) A. P. Martin 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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