

1. PLACE OF BIRTH

County of Lexington
 Township of Chapin
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. 311FILE No. For State Registrar Only44893Registered No. 12
(For use of Local Registrar)

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 Mary Ann McBartha

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

3. BOY OR GIRL Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

Dec 24 1923
 (Name of Month) (Day) (Year)

(To be answered only in event of Twins or Triplets)

FATHER

8. FULL NAME Murry V McBartha9. PRESENT POSTOFFICE OF FATHER Chapin10. COLOR OR RACE white11. AGE AT LAST BIRTHDAY 26
(Years)12. BIRTHPLACE Near Hilton13. OCCUPATION farming20. Number of children born to mother, including present birth 4

MOTHER

14. NAME BEFORE MARRIAGE Barrie Loman15. PRESENT POSTOFFICE OF MOTHER Chapin16. COLOR OR RACE white17. AGE AT LAST BIRTHDAY 34
(Years)18. BIRTHPLACE Near Chapin19. OCCUPATION house wife.21. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at 7 230
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Carlone Mayer

24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness Midwife Chapin
(Signature of witness necessary only when question 23 is signed by mark)27. Filed 12/22/24 28. W. W. W. W.
Registrar 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.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS, use 4 SEPARATE BLANKS FOR EACH CHILD, and enter the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.