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3/8/1911

(1) PLACE OF BIRTH

County of Colleton

Township of Windsor

or

Inc. Town of .....

or

City of .....

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

Registration District No. 1409 Registered No. 28

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child

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

File No.—For State Registrar Only

923

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1911</u>
(8) FATHER FULL NAME <u>Rev. Edward McTeer</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Effie McTeer</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Walterboro S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Walterboro S.C.</u>		
(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>5.0</u>	(14) COLOR OR RACE <u>Colored</u>	(15) AGE AT LAST BIRTHDAY <u>4.8</u>	
(16) BIRTHPLACE <u>S.C.</u>		(17) BIRTHPLACE <u>S.C.</u>		
(18) OCCUPATION <u>Preacher</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Midwife

(24) State whether Physician or Midwife Midwife

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

Given name added from a supplemental report

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

(27) Filed Feb 10 1911

(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once it must not be reported as stillborn. No report is desired of stillbirths.