

PLACE OF BIRTH

Marion
Reaves
Mullins

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 1-10

FILE No.—For State Registrar Only
18404-a

Registered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

Name of Child Margaret Carolyn McRae (If child is not yet named, make supplemental report as directed.)

OR 4. Twin or Triplet? No 5. Number in order of birth 1 6. Sex Female 7. DATE OF BIRTH June 10 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

1. Name Archie R. McRae

2. Present Office Mullins S.C.

3. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32 (Years)

12. BIRTHPLACE Marion S.C.

13. OCCUPATION Chief of Police

14. Number of children born to her, including present birth 1

MOTHER

14. NAME BEFORE MARRIAGE Myrtle Stubbs

15. PRESENT OFFICE OF MOTHER Mullins S.C.

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 26 (Years)

18. BIRTHPLACE Dillon S.C.

19. OCCUPATION Domestic

20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

23. Signature Frank J. Martin 24. State whether Physician or Midwife Physician 25. Address of Physician or Midwife Mullins S.C.

Some added from a supplemental report

26. Witness (Signature of Witness necessary only when question 23 is signed by mark) Margaret Tiller
27. Filed May 9 1923 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 required of stillbirths before the fifth month of pregnancy.