

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
K. B.—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 6.

McGraw-Hill Publishing Co., Inc., New York, N. Y.

(1) PLACE OF BIRTH

County of *Anderson*  
Township of *Union*  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

171

Registration District No. *3 B*

Registered No. *5*  
(For use of Local Registrar)

(No. *5* St. *5* Ward *5*)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Gene May Mc Donald* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i> To be answered only in case of Twins or Triplets	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 20, 1922</i> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <i>B. J. Mc Donald</i>		(9) MOTHER NAME BEFORE MARRIAGE <i>Gene May Brewer</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Redmont A.C.</i>		(10) PRESENT POSTOFFICE OF MOTHER <i>Redmont 8 S</i>		
(10) COLOR OR RACE <i>Neger</i>	(11) AGE AT LAST BIRTHDAY <i>32</i> (Years)	(12) COLOR OR RACE <i>Neger</i>	(13) AGE AT LAST BIRTHDAY <i>19</i> (Years)	
(12) BIRTHPLACE <i>S.C.</i>		(14) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farming</i>		(15) OCCUPATION <i>Farmster</i>		
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *John F. Farmer*  
(24) State of *South Carolina* Physician or Midwife (25) Address of Physician or Midwife *Redmont A.C.*

Given name added from a supplemental report

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

(27) File *Jan. 25, 1922* (28) *S. J. Farmer* 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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Local Registrar  
this return.  
Births