

## (1) PLACE OF BIRTH

County of Greenwood

Township of .....

Inc. Town of .....

City of .....

(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 HealthForm.—For State Registrar  
4137Registration District No. 2306 Registered No. 34  
(For use of Local Registrar)(2) Full Name of Child Flissie Lee McCuen (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>✓</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 27, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Wm. H. McCuen</u>	(14) NAME BEFORE MARRIAGE <u>Cora Davis</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Po. Greenwood</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Po. Greenwood</u>
(10) COLOR OR RACE <u>W.</u>	(16) COLOR OR RACE <u>W.</u>
(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
(12) BIRTHPLACE <u>Greenville, S.C.</u>	(18) BIRTHPLACE <u>Greenville, S.C.</u>
(13) OCCUPATION <u>Cotton Mill Oper.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>7</u>

## MOTHER.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A. M. on the date above stated.(23) (Signature) J. M. Summers, M.D.  
(24) State whether Physician or Midwife Physician

GIVEN UNDER HAND AND SEAL OF A PHYSICIAN OR MIDWIFE

(25) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(26) Signed Mar. 10, 1923 (27) A. R. Brooks  
Local Registrar

When this form is filled out by a physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MAKING THIS RETURN UNDER THIS FORM IS A PERMANENT RECORD. WHEN PLAINLY, WITH UNPAIDING INK—THIS IS A PERMANENT RECORD. SEE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE RETURN FOR EACH CHILD SEPARATELY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE RETURN FOR EACH CHILD SEPARATELY. IN CASE OF FIRST-BORN, NO. 1 THE OTHER, NO. 2, ETC. IN QUESTION 2.