

1(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3876

County of San Diego, ss.

Journal of .. *Math*

Res. Town of.....

Registration District No. 2012

Registered No.
(For use of Local Registrar)

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

10 (c) Full Name of Child Duncan McKay T. 1970 is not yet named, make supplemental report as directed

EDY OR
GIRL *Bela*

(4) Title or Triplet *1st*

(5) Number in order of birth *1st*

(6) Sex
For
Parents
Married? *Yes*

BIRTH *July 18, 1922*

(Name of Month) (Day) (Year)

FATHER.
(19) FULL NAME Jennings Floyd

PRESENT
POSTOFFICE
OF FATHER

Clanta JC

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26*
(YOUNG)

(To) **BIRTHPLACE** *La*

7A OCCUPATION
Farmer

(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE **MOTHER.** *Grand Mathews*

(10) PRESENT POST OFFICE OF BROTHER Alvarado

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Y-M-D)

(16) BIRTHPLACE 

(10) OCCUPATION _____

Horse Wife

(71) Number of children of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was
on the date above stated. *[Signature]* Born alive or stillborn

(25) (Signature)

(25) (Signature) _____
(26) State whether Physician or Midwife

(18) Address of Physician or Midwife

Given names added from a supplementary report

(20) Witness (Signature of Witness necessary only
when question 18 is signed by party)

3/10 93 (m) G.S. [unclear]

10
Register

(37) When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.