

(1) PLACE OF BIRTH

County of York
Township of A.C. Shaw
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

FILE-17-545-10-10-10
30817

Registration District No. 4408 Registered No. 86
(For use of Local Registrar)

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

(2) Full Name of Child John Sam Macey If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type or Weight 5 lbs (5) Number in order of birth 1 (6) DATE OF BIRTH Sept 12, 19
To be entered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER.
(1) FULL NAME Sam Macey
(2) PRESENT POSTOFFICE OF FATHER Ladine S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49
(12) BIRTHPLACE York County
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Sarah Gordon
(15) PRESENT POSTOFFICE OF MOTHER Ladine S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
(18) BIRTHPLACE York County
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John at 11 M.,
on the date above stated. (Born alive or stillborn) (Hour AM or P. M.)

(23) (Signature) J. N. Hunter
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgemoor S.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10/10/19 (28) J. H. Miller 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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