

(1) PLACE OF BIRTH

County of LynchburgTownship of Cherry Hillor
Inc. Town of Batesburgor
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 Health

File No. — For State Registrar Only

50761

Registration District No. 31-A Registered No. 122
(For use of Local Registrar)St.; Ward)
(If child is not yet named, make supplemental report as directed)(2) Full Name of Child. Victor Barrington McCarty(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11 1917
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Thomas McCarty</u>	(14) NAME BEFORE MARRIAGE	<u>Emmie Courting</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Batesburg</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Batesburg</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>28</u> (Years)
(12) BIRTHPLACE	<u>Suber Co</u>	(18) BIRTHPLACE	<u>Batesburg, S.C.</u>
(13) OCCUPATION	<u>Printer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) M. T. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 1 1917 (28) S. J. Altman 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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WHEN PLACED, WITH THE FATHER'S NAME, IN A PERMANENT RECORD.

N. 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 5.

McCart, of Columbia.

K O D A K S A F E T