

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS 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 1.

Form No. 6

Section of Columns, Columns, 5 C

(1) PLACE OF BIRTH

County of York
Township of Campbell
or
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
42343

Registration District No. 4001-a
(No. 2/12/24) Registered No. 144
(For use of Local Registrar)
St. Ward

(2) Full Name of Child

Thoyd McClain

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 10 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thoyd McClain</u>			(14) NAME BEFORE MARRIAGE <u>Hattie McClain</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Campbell H 4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Campbell H 4</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marie Robertson
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Midwife Campbell

Given name added from a supplemental report

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

(27) Filed 1923 (28) C. L. May Jr.
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.

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.