

Form No. 1:

## (1) PLACE OF BIRTH

County of HiltonTownship of HillshornInc. Town of Nichols SC

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

51952

Registration District No. 1603 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Reuben McClernick If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? V (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 3 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Thos J. McClernick(9) PRESENT POSTOFFICE OF FATHER Nichols SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Beeson Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one

## MOTHER

(14) NAME BEFORE MARRIAGE Annie Dugg(15) PRESENT POSTOFFICE OF MOTHER Nichols SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Beeson Co(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was about at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour, M or P.M.)(23) (Signature) H. H. Hester

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

W.D.Payson, Miss.

Given name added from a supplemental report

(26) Witness (Signature of Witness) H. H. Hester when question 25 is signed(27) Date Mar 14 1926 (28) Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE 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

McCaw, of Columbia

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a stillbirth was made, it must be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.