

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

54083

Registration District No. 4308 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child. John Andrew McClary

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH March 1st 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimm McClary

(9) PRESENT POSTOFFICE OF FATHER Bryan S. C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Williamsburg Co. S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Fleager

(15) PRESENT POSTOFFICE OF MOTHER Bryan S. C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Williamsburg Co. S. C.

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dickey Tisdale

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

midwife Bryan S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed March 1st 1916 (28) Albert B. Moseley Local Registrar

N. H.—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.

McCaw, of Columbia

*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.