

Form No. 1

(1) PLACE OF BIRTH

County of Marble
 Township of Red Bluff
 Inc. Town of McClure
 City of McClure

CERTIFICATE OF BIRTH

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

Registration District No. 3305

File No. For State Registrar Only
181

Registered No. 30
 (For use of Local Registrar)

Birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

1) Sex Male 2) Age 1 3) Date of Birth Feb 18, 1923
 4) Time of Birth 10:30 5) Number in order of birth 1 6) Name of Mother McClure
 To be answered only in case of Twins or Triplets

7) Name of Father Simon C. McClure 8) Name of Mother McClure

9) Present Residence of Father McClure 10) Present Residence of Mother McClure

11) Color of Child White 12) Age at last birthday 1 13) Color of Child White 14) Age at last birthday 1

15) Birthplace Marble 16) Birthplace Marble

17) Occupation McClure 18) Occupation McClure

19) Number of children born to mother, including present birth 1 20) Number of children of this mother now living, including present birth 1

(3) I hereby certify that I attended the birth of this child, who was born on the 18th day of February, 1923, at McClure, South Carolina.

(4) Signature of Physician or Midwife Dr. J. L. McClure (5) Address of Physician or Midwife McClure

(6) Signature of Witness necessary only when question 3 is signed by mark Mar 1, 1923

(7) Local Registrar McClure

(8) View of child, if desired, should make this return