

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McClary of Columbia.

(1) PLACE OF BIRTH

County of SumterTownship of Princetonor
Inc. Town ofor
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

87627

Registration District No. Registered No. 151

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? one(5) Number in order of birth one(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 5

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert DuBose(9) PRESENT POSTOFFICE OF FATHER Oseogo S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Sumter Co.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Richard(15) PRESENT POSTOFFICE OF MOTHER Oseogo S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Berkeley Co. D.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Oseogo S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 9, 1914(28) B. McLaughlin

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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