

MARGIN RESERVED FOR INDEXING.  
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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Pickens  
Township of Liberty  
or  
Inc. Town of ..... Registration District No. 3705 Registered No. 68  
or  
City of Liberty (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Clara McEahan } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 13</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Karnell Benton McEahan</u>	(14) NAME BEFORE MARRIAGE <u>Ladie Brown</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S C</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Pickens Co S C</u>		(18) BIRTHPLACE <u>N C</u>		
(13) OCCUPATION <u>Cotton mill employee</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was white at 8:45 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William H. Sheldon M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty S C

Given name added from a supplemental report  
..... 131.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 4 1916 (28) John T. Rags 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.