

(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

30000

Registration District No. 2502 Registered No. 242

(For use of Local Registrar)

St. Ward)

2) Full Name of Child Elizabeth Offelia McClean

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

BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be reported only in case of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

James L. McClean

PRESENT POSTOFFICE OF FATHER

Gadsden S.C.

COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE

Robinson Co. N.C.

OCCUPATION

Lumber Business

Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Sophrona Hartigan

(15) PRESENT POSTOFFICE OF MOTHER

Gadsden S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE

Dorchester Co. S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

G. P. Stewart

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Coker S.C.

Name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

101

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.