

PLACE OF BIRTH

County of St. Co.
 Township of Union
 or
 Inc. Town of

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

No. 19197
 (For use of Local Registrar only)

Registration District No. 4015 Registered No. 451
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Robert McLean (If child is not yet named, make supplemental report as directed)

(2) SEX OR GUY boy (4) Twin or Triplet — (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH 6/2/23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert McLean
 (9) PRESENT POSTOFFICE OF FATHER Pauline St
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
 (Year)
 (12) BIRTHPLACE Pauline St
 (13) OCCUPATION Mineralist

MOTHER.

(14) NAME BEFORE MARRIAGE May Elizabeth Rose
 (15) PRESENT POSTOFFICE OF MOTHER Pauline
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE Pauline St
 (19) OCCUPATION housewife
 (20) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:15 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) [Signature] (23) Address of Physician or Midwife [Address]
 (24) State whether Physician or Midwife

Give name added from a supplemental report

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

(26) Filed May 20 1923 (27) Local Registrar. [Signature]

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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