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## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00172

## 1. PLACE OF BIRTH

County of FAIRFELD

Township of \_\_\_\_\_

or  
Inc. Town of RIDGEWAYor  
City of \_\_\_\_\_Registration District No. 1906 Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(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 ELIJAH McCLECKIN{ If child is not yet named, make  
supplemental report as directed.

3. Boy or Girl <u>Boy</u>	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>3-27-</u> 19 <u>16</u> (Month, day, year)
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9. Full name  
FATHER  
AARON McCLECKIN18. Name before marriage  
MOTHER  
MATTIE CUMPTON10. Residence (mailing address)  
(If non-resident, give place and State) COLUMBIA S.C.19. Residence (mailing address)  
(If non-resident, give place and State) RIDGEWAY, SC.11. Color or race Negro 12. Age at child's birth 24 (years)20. Color or race Negro 21. Age at child's birth 21 (years)13. Birthplace (city or place)  
(State or country) RIDGEWAY, S.C.22. Birthplace (city or place)  
(State or country) WINDSOR, SOUTH CAROLINA14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. COMMON LABORER23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Domestic15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. Farmer24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. Domestic16. Date (month and year) last  
engaged in this work  
192025. Date (month and year) last  
engaged in this work  
194317. Total time (years)  
spent in this work 1226. Total time (years)  
spent in this work 4327. Number of children of this mother  
(At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 00

28. If stillborn, period of gestation _____ (months weeks)	29. Cause of stillbirth _____	Before labor <u>00</u> During labor <u>00</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn){ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.(Signed) Mattie McClekin Parent

or \_\_\_\_\_ Guardian

Given name added from  
a supplementary report \_\_\_\_\_  
(Date of)Address COLUMBIA, S.C.  
Filed Feb. 8 1943 M.B. Woodward, M.D.  
Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)