

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and mark the CHILDREN, NO. 1, 2, 3, etc., in question 6.

(1) PLACE OF BIRTH

County of Williams  
 Township of .....  
 or .....  
 Inc. Town of Summerville  
 or .....  
 City of ..... (No. .... St. .... Ward)

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

File No.—For State Registrar Only

**19440**

Registration District No. 23A Registered No. 50  
 (For use of Local Registrar)

(2) Full Name of Child Kellam M. McClinton

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1927  
To be answered only in event of Twins or Triplets Name of Month Day Year

**FATHER.**

(8) FULL NAME Wm. McClinton  
 (9) PRESENT POSTOFFICE OF FATHER Summerville S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 Years  
 (12) BIRTHPLACE Summerville S.C.  
 (13) OCCUPATION Printer Employer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lula Simmons  
 (15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 Years  
 (18) BIRTHPLACE Summerville S.C.  
 (19) OCCUPATION Bookbinder

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 A.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Lyon Adams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

June 14 1927 (27) Wm. P. McClinton 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.