

Form No. 1

(1) PLACE OF BIRTH

County of Deer
 Township of Harleeville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29939

Registration District No. 1607Registered No. 106
(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 Verna Lee L. L. McLean (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. L. McLean(9) PRESENT POSTOFFICE OF FATHER Little Rock, Sc(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Sc(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Hall(15) PRESENT POSTOFFICE OF MOTHER Little Rock, Sc(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Sc(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Moylee McLean(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock, Sc

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) 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.

WITH UNFADING INK—FILL IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.