

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Dorchester</u>				STATE OF SOUTH CAROLINA		- 34228	
Township of <u>Dorchester</u>				Bureau of Vital Statistics			
Inc. Town of				State Board of Health		1705	
City of				Registration District No.		Registered No. <u>70</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Frank S. McLean</u>							
If child is not yet named, make supplemental report as directed							
(3) BOY OR GIRLY <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 8</u>			
To be answered only in event of Twin or Triplet				(Name of Month) (Day) (Year)			
FATHER				MOTHER			
(8) FULL NAME <u>Frank S. McLean</u>				(14) NAME BEFORE MARRIAGE <u>Miss Mae McNeill</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Reemsville S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Reemsville S.C.</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>37</u>		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>32</u>	
(12) BIRTHPLACE <u>N.C.</u>				(18) BIRTHPLACE <u>N.C.</u>			
(13) OCCUPATION <u>Laborer</u>				(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)							
(23) (Signature) <u>L. H. Thomas</u>							
(24) State whether Physician or Midwife <u>Midwife</u>							
(25) Address of Physician or Midwife <u>108 Ashville St.</u>							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19				(27) Filed <u>Nov 9</u> 19 <u>22</u>			
..... Registrar				(28) <u>Reston A. L.</u> 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.							
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