

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston S.C.

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. — For State Register only
8155

Township of

or
Reg. Town of

City of Charleston S.C.

Registration District No. 9A

Registered No. 231

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harriet Rosaline McLean

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

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
(If born still in womb of two or more)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 24 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry McLean

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Logan

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive as 10:45 A.M. on the date above stated.
(Born alive or stillborn) (Hour of Day or P. M.)

(23) (Signature) Dr. J. B. McLean

(24) State where Physician or Midwife is Licensed South Carolina (25) Address of Physician or Midwife Charleston S.C.

Given name address street or suppression and report

When there was no birth of a child