

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—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.

MCCLAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Wm. Burr</u> Township of <u>Johnston</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>75108</b>
(2) Full Name of Child <u>Jann Season</u>		Registration District No. <u>4304</u> Registered No. <u>86</u> (For use of Local Registrar) (No. .... St.; .... Ward) (If child is not yet named, make supplemental report as directed)		
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number In order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 3, 1914</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Cornie Season</u> (9) PRESENT POSTOFFICE OF FATHER <u>Hammyway S.C. Rd 2</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>23</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farm hand</u> (20) Number of children born to mother, including present birth <u>two</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Estelle Barcus</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Hammyway S.C.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>two</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Walter G. Gaddy</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Hammyway S.C. Rd 2</u> (26) Witness <u>R. L. Card</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 5, 1914</u> (28) <u>R. L. Card</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.				