

(1) PLACE OF BIRTH

County of Marlboro
 Township of Marlboro
 or
 Inc. Town of Elie
 or
 City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

21877

Registration District No. 3384 Registered No. 76
 (For use of Local Registrar)

City of (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 Litha Olene 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 July 4 1925
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. E. McLean
 (9) PRESENT POSTOFFICE OF FATHER Elie
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 37
 (Year) (12) BIRTHPLACE Marlboro
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Baldwin
 (15) PRESENT POSTOFFICE OF MOTHER Elie
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 38
 (Year) (18) BIRTHPLACE Marlboro
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Litha Olene McLean at 9:00 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) M. E. McLean (23) Address of Physician or Midwife
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed July 10 1925 (27) 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.