

Form No. 10.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Wm. Borg

Township of King

or

Inc. Town of

or

City of

(No. _____ St.; _____ Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87710

Registration District No. 4302

Registered No. 109

(For use of Local Registrar)

(2) Full Name of Child

Anna McClary

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

Nov 14 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. C. McClary

(9) PRESENT POSTOFFICE OF FATHER

Kingston S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

48

(Years)

(12) BIRTHPLACE

Wm. Borg Co

(13) OCCUPATION

Farmer

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Brown

(15) PRESENT POSTOFFICE OF MOTHER

Kingston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Kingston S.C.

(19) OCCUPATION

Wife of Farmer

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Riney Paul

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Kingston S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

J. C. McClary

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

(27) Filed

Nov 22 1916

(28)

B. B. Jackson

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.