Form No. 6

MARGIN RESERVED FOR BINDING.

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

H. R.—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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 5550

(1) PLACE OF BIRTH

County of York

Township of Kings Mtn.

or

Inc. Town of Clover

or

City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 4407 Registered No. 14 (For use of Local Registrar)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets	1	yes	Feb 12 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	T. L. McClure	(14) NAME BEFORE MARRIAGE	Mildred Parrott
(9) PRESENT POSTOFFICE OF FATHER	Clover SC	(15) PRESENT POSTOFFICE OF MOTHER	Clover SC
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	York Co	(18) BIRTHPLACE	York Co
(13) OCCUPATION	Cashier of Bank	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aug 11 30 at [illegible] (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Clover SC

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 9th 1923 (28) [illegible] 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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