

## (1) PLACE OF BIRTH

County of SpottsylvaniaTownship of Warringtonor  
Inc. Town of .....or  
City of .....

(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

79387

Registration District No. 4010Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child, J. L. McLean

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet?   (5) Number in order of birth   (6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 25 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. L. McLean(9) PRESENT POSTOFFICE OF FATHER More SC R 2(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE More SC(13) OCCUPATION work on farm(14) Number of children born to mother, including present birth 13

## MOTHER.

(15) NAME BEFORE MARRIAGE Mollie Ambert(16) PRESENT POSTOFFICE OF MOTHER More SC R 2(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 32

(Years)

(19) BIRTHPLACE More SC(20) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2 4 M., (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Siddie P. Ford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife Mollie SC

(26) Name added from a supplemental report

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Registrar

(27) Witness

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

(28) Filed Oct 9 1916

(29)

Dr. H. Pearson

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.