

(1) PLACE OF BIRTH

County of York
 Township of Kalewaha
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28380

Registration District No..... Registered No..... 7A
 (For use of Local Registrar)

(2) Full Name of Child

Engine Neapoland McClure

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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1922
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John E. McClure
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C. R.D. #1
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Year)
 (12) BIRTHPLACE York County
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Dorothea McClure
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C. R.D. #1
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE York County
 (19) OCCUPATION Librarian

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) James Massie (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(26) Witness J. H. Guster (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/20/22 (28) James 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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