

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72695

County of Florence

Township of Sarcity

Inc. Town of

Registration District No. 2013

Registered No. 38

(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 Hayes McClain

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug. 18, 1916 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Edward McClain

(14) NAME BEFORE MARRIAGE

Rose Praby

(9) PRESENT POSTOFFICE OF FATHER

Sarcity, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Sarcity, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

21 (Years)

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farming

(19) OCCUPATION

Housework

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

alive, at 12:00 P.M. (Born alive or stillborn) (Hour, A. M. or P. M.)

on the date above stated.

(23) (Signature)

Theresa McClain

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Sarcity, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 20 1916

(28)

E. D. Rollins

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.

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.