

(1) PLACE OF BIRTH

County of YorkTownship of Bulletts Creekor
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

45038

Registration District No. 440 Registered No. 98
(For use of Local Registrar)(2) Full Name of Child Unnamed McClure

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Yansley McClure(9) PRESENT POSTOFFICE OF FATHER McClure, York Co.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE York Co., S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth(15) PRESENT POSTOFFICE OF MOTHER McClure, York Co.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE York Co., S.C.(19) OCCUPATION Housekeeping(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at York Co., S.C. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Elizabeth McClure

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness Elizabeth McClure
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1915 (28) Elizabeth McClure 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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