

PLACE OF BIRTH

City of Williamsburg
 County of Guerry

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16214

or
 Town of
 or

Registration District No. 4311Registered No. 92
 (For use of Local Registrar)

(No. M.) Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child. Steve McClary Jr

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

BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be completed only in case of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 24 1923
 (Name of Month) (Day) (Year)

FATHER.

FULL NAME

Steve McClary Sr

PRESENT POSTOFFICE OF FATHER

Kingstree SC

COLOR OR RACE

Negro

(8) AGE AT LAST BIRTHDAY

25
 (Years)

BIRTHPLACE

Williamsburg Co

OCCUPATION

Farmer

Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Cunningham

(15) PRESENT POSTOFFICE OF MOTHER

Kingstree SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

23
 (Years)

(18) BIRTHPLACE

Williamsburg Co

(19) OCCUPATION

House wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

O. L. G. G. G.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeKingstree SC

Name added from a supplemental report

(26) Witness

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

(27) Filed

June 23

(28)

J. H. G. G.

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar

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