

(1) PLACE OF BIRTH

County of HenryTownship of Simmons Creek

OR

Inc. Town of Louis

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

36371

Registration District No. 7509Registered No. 98

(For use of Local Registrar)

(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

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

(3) SEX GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 9, 1923</u> (Month of birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Giesbert Donald McLean</u>	(10) NAME BEFORE MARRIAGE <u>Oma Check</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Loris SC</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Loris SC</u>			
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>35</u> (Year)	
(16) BIRTHPLACE <u>Henry Co SC</u>	(17) BIRTHPLACE <u>Chatham Co, N.C.</u>			
(18) OCCUPATION <u>Barbering</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Three</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 2:45 P. M., on the date above stated. (Born alive or stillborn (How P. M. or P. M.))(23) (Signature) Hubert Richardson(24) State Physician or Midwife(25) Address of Physician or Midwife Loris SC

(Given name added from a supplemental report)

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

(27) Filed July 19, 1923 (28) 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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