

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(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

87676

Registration District No. 4109 Registered No. 111

(For use of Local Registrar)

## (2) Full Name of Child Peter McLain

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Nov. 3, 1916
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME Manuel McLain

(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. R. 3

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Sumter S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Elsie Jones

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R. 3

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Sumter S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1-30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife

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

Rachul. Hansen

Given name added from a supplemental report

(26) Witness A. F. Kyle (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 9, 1916 (28) A. F. Kyle 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 FINDING.

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.

McGaw, of Columbia.