

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Red Bluffor
Inc. Town of McClellanor
City of Se

(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

23210

Registration District No. 3305 Registered No. 89

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) SEX <u>Male</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 15, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George West(9) PRESENT POSTOFFICE OF FATHER McClellan Se(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Union Co. N.C.(13) OCCUPATION Cotton Mill Operator(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Attie Boyette(15) PRESENT POSTOFFICE OF MOTHER McClellan Se(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Union Co. N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife McClellan Se

Given name added from a supplemental report

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

(27) Filed July 31, 1922 (28) J. H. Weatherly 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.

MCCLELLAN OF COLUMBIA, COLUMBIA, S. C.