

## (1) PLACE OF BIRTH

County of LEXINGTON  
 Township of SANDY RIVER  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15807

Registration District No. 3112Registered No. 11  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Carey Lee McClellan

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? ✓(7) DATE OF BIRTH May 7, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph M. McClellan(9) PRESENT POSTOFFICE OF FATHER Swansea(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Lexington(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa McClellan(15) PRESENT POSTOFFICE OF MOTHER Swansea(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Lexington(19) OCCUPATION Helper(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adele Porter(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Swansea

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 7, 1922(28) X

Local Registrar

Registrar

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.