

(1) PLACE OF BIRTH

County of AndersonTownship of Martin

Inc. Town of

City of

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

File No. - For State Registrar Only
12848

Registration District No. 309 Registered No. 21
 (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 Clarence Edwin McMahon (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy 4. Type of Triplet ye 5. Number in order of birth ye 6. Are Parents Married ye 7. DATE OF BIRTH May 7, 1923
 (Name of Day) (Day) (Year)

FATHER.8. FULL NAME John McMahon9. PRESENT POSTOFFICE OF FATHER Beltin S.C.10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 37
 (Year)12. BIRTHPLACE Anderson Co13. OCCUPATION Farmer14. Number of children born to mother, including present birth 12**MOTHER.**14. NAME BEFORE MARRIAGE Minnie Caldwell15. PRESENT POSTOFFICE OF MOTHER Beltin S.C.16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 38
 (Year)18. BIRTHPLACE Anderson Co19. OCCUPATION House wife20. Number of children of this mother now living, including present birth 12**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn) at 4:30 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. C. McMahon (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Date June 20, 1923 (28) Local Registrar. R. P. Hudson

*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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11/10/23 (Luh) #4