

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5918

Registration District No 4107 Registered No. 70
 (For use of Local Registrar)

City of (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 J. van Mc Clam If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 27 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Willie D Mc Clam
 (9) PRESENT POSTOFFICE OF FATHER Blount
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
 (Years)
 (12) BIRTHPLACE Blount
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Ella
 (15) PRESENT POSTOFFICE OF MOTHER Blount
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
 (Years)
 (18) BIRTHPLACE Sumter
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 07 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. S. Moore M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Blount S.C.

Given name added from a supplemental report

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

(27) Filed 2-11 1922 (28) R. S. Moore 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.