

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child William James

FILE NO. — For State Registrar Only  
19606

Registration District No. 10.6 Registered No. 130

(For use of Local Registrar)

(3) BOY  
GIRL

Boy

(4) Twin  
or triplet?

(5) Number in  
order of birth

(6) Are  
Parent  
Married

Yes

(7) DATE

BIRTH

July 21

(Year)

(Month)

(Day)

(Year)

FATHER.

(8) FULL  
NAME

Charles McClain

(9) PRESENT  
POSTOFFICE  
OF FATHER

Hones Pt. S.C.

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE  
MARRIAGE

Rose Russell

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Hones Pt. S.C.

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 9:56 A. M.,  
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

H. Beeler  
Dr.  
Hones Pt. S.C.

(Given name added from a supplement-  
tal report)

(26) Witness

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

Registrar

(27) Filed Aug 16 1912

(28)

J. H. Parake  
Local Reg.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report  
a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before  
fifth month of pregnancy.