

FORM NO. 8
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.

McClary of Columbia.

(1) PLACE OF BIRTH
County of Chester
Township of Rossville
or
Inc. Town of
City of
(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
89011

Registration District No. 1107 Registered No. 93
(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. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 4 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm W. King
(9) PRESENT POSTOFFICE OF FATHER Great Falls S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Laurens Co S.C.
(13) OCCUPATION Cotton mill work
(20) Number of children born to mother, including present birth { Five

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie Carter
(15) PRESENT POSTOFFICE OF MOTHER Great Falls S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Chester County S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth { Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. McGehee, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Great Falls S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 13/11 1916 (28) R. T. W. 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.

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For Only

Registrar

Ward

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