

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only 50454

County of Spartanburg

Township of Campobello

Inc. Town of

City of

Registration District No. 1001 a Registered No. 14

(No. SL; Waned) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Bertha Mc claim

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 10 1916

FATHER. (8) FULL NAME Sloan Mc claim (9) PRESENT POSTOFFICE OF FATHER Campobello (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (12) BIRTHPLACE S.C. (13) OCCUPATION Farming (20) Number of children born to mother, including present birth 5

MOTHER. (14) NAME BEFORE MARRIAGE Laura Brown (15) PRESENT POSTOFFICE OF MOTHER Campobello (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38 (18) BIRTHPLACE N.C. (19) OCCUPATION Housewife (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 alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. M... (24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys Campobello

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 Mar 12 1916 (28) 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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RECEIVED AT THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, SOUTH CAROLINA, FEBRUARY 10, 1916