

(1) PLACE OF BIRTH

County of Lee
 Township of Bishopville
 or
 Inc. Town of Bishopville
 or
 City of Bishopville

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

File No. — For State Registrar Only
86411

Registration District No. 3 Registered No. 28
 (For use of Local Registrar)
 St.; Main Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Clara Francis McEllan { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 31 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wm Robert McEllan
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Boston Co. Mass
 (13) OCCUPATION Cashier Manager
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Minnie Meigs
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Marion Co. S.C.
 (19) OCCUPATION Clerk 3 yrs before marriage
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. (Hour A. M. or P. M.)
 on the date above stated. (Born alive or stillborn) (Address of Physician or Midwife)
 (23) (Signature) A. C. Barton (24) State whether Physician or Midwife Physician
Bishopville S.C.

Given name added from a supplemental report
 _____, 1916
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 6 1916 (27) Filed Mr. H. J. Lundy 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.