

McClaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

File No. For State Registrar Only
90392

(1) PLACE OF BIRTH
County of Horry
Township of Floyds
or
Inc. Town of Registration District No. 2508 Registered No. 122
or
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, Allard Howard Foley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 21 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Bradley Foley
(9) PRESENT POSTOFFICE OF FATHER Nichols S.C. Route 3
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Tenant
(20) Number of children born to mother, including present birth } One

MOTHER.
(14) NAME BEFORE MARRIAGE (U) Kelly Suggs
(15) PRESENT POSTOFFICE OF MOTHER Nichols S.C. Route 3
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Labor N.C.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth } One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. D. Lewis, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Labor, N.C. Route 2

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 Dec 28 1916. (28) S. C. Williamson 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.

REGISTRAR LOCAL REGISTRAR

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