

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

17468

City of _____

Registered No. 29
(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 Almer, Emma M. Case If child is not yet named, make supplemental report as directed

2) BOY OR GIRL? Boy

4) Twin or Triplet? No

5) Number in order of birth 1

6) Are Parents Married? Yes

7) DATE OF BIRTH June 2, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME Steve Finner McClaron

(14) NAME BEFORE MARRIAGE *Sarah Lee*

91 PRESENT
POSTOFFICE
OF FATHER *Williams, La. 50*

(15) PRESENT POSTOFFICE OF MOTHER *Williamston, SC*

(10) COLOR OF RACE *White* (11) AGE AT LAST BIRTHDAY *27* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY... (Years)

12 BIRTHPLACE
Greenwich, N.Y.

(10) BIRTHPLACE *Greenville, S.C.*

13) OCCUPATION
Mill worker

(19) OCCUPATION
Housewife

20 Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Acute at 12 M.,
on the date above stated. 1 (Born alive or stillborn) (Hour A. M. or P. M.)

(23)	(Signature) <i>H. F. [illegible]</i>	(24) Address of Physician or Midwife
(24)	State whether Physician or Midwife	(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) FILED 7/8/22 (28) *Ellis Russell*
Local Registrar.

There was no attending physician or midwife, but the householder, etc. should make this return. If a child breathes even once, it must not be reported as a stillbirth. The report is desired of stillbirths before the first month of pregnancy.