

MARGIN RESERVED FOR INDEXING

THIS SPACE, WHEN EMPLOYED THIS FORM IS A PRELIMINARY RECORD. IT IS NOT TO BE USED AS A SUPPLEMENTARY REPORT FOR EACH CHILD, AND MARK THE SPACE FOR THE CHILD'S NAME IN THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York

Township of Denmark Green

OR

Inc. Town of .....

OR

City of .....

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 4413

Registered No. 85

(For use of Local Registrar)

St. .... Ward .....

(2) Full Name of Child Pearla Mc Cleave

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets.	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 18 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Isaac Mc Cleave</u>	(14) NAME BEFORE MARRIAGE <u>May Belle Muck</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sharon S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sharon S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>York Co S.C.</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>York Co S.C.</u>	(19) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12.2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Hunt

(24) State whether Physician or Midwife  
Midwife

(25) Address of Physician or Midwife  
Sharon S.C.

Given name added from a supplemental report

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

(27) Filed Dec 7 1916

(28) J. E. McCleary  
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.