

## (1) PLACE OF BIRTH

County of AndersonTownship of North

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 34609Registration District No. 345 Registered No. 75  
(For use of Local Registrar)

(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 ME. CLAIN If child is not yet named, make supplemental report as directed(3) MALE (4) Twins (5) 2 (6) Are Parents Married (7) DATE OF BIRTH Jan 2 1923  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>M. J. McClain</u>	(14) NAME BEFORE MARRIAGE <u>Martha Jane Cox</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Seneca, S.C.</u>	(16) COLOR OR RACE <u>W.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Seneca, S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>	(18) BIRTHPLACE <u>Ind. Co.</u>
(10) COLOR OR RACE <u>W.</u>	(12) BIRTHPLACE <u>Ind. Co.</u>	(19) OCCUPATION <u>Farmer</u>	(20) Number of children of this mother now living, including present birth <u>2</u>
(11) AGE AT LAST BIRTHDAY <u>28</u>	(13) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	
(12) BIRTHPLACE <u>Ind. Co.</u>			
(13) OCCUPATION <u>Farmer</u>			

## 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 ...  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Seneca, 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 Jan 1 1923(28) J. T. Ballantyne  
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.