

Form No. 1

## (1) PLACE OF BIRTH

County of Wm. burg  
 Township of Lawson  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32651

Registration District No. 4305 Registered No. 72  
 (For use of Local Registrar)

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

(2) Full Name of Child Angliauer Mc Clary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Are Parents Married? yes (7) DATE OF BIRTH Sept 2nd 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence Mc Clary

(9) PRESENT POSTOFFICE OF FATHER Balters Depot S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22  
 (Years)

(12) BIRTHPLACE Williamsburg co. S.C.

(13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Johnnie Smith

(15) PRESENT POSTOFFICE OF MOTHER Balters Depot S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23  
 (Years)

(18) BIRTHPLACE Williamsburg co. S.C.

(19) OCCUPATION Farm laborer

(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 12 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida Hanna(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Heinebaum

Given name added from a supplemental report

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

(27) Filed Sept. 6th 1922 (28) A. R. Moseley 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.