

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson
Township of Broadway
OR
Inc. Town of
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 Clara McCoy { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH. <u>May 16 1922</u> (Name of Month) (Day) (Year)
------------------------------	---	------------------------------	-------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles McCoy</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Jordan</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Horton R #</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bellon R #</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Anderson Co</u>	(18) BIRTHPLACE <u>Anderson Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1. Three</u>	(21) Number of children of this mother now living, including present birth <u>1. Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6:20 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. C. Michael M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 8 1923 (28) R. P. Robinson
Registrar. 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.