

(1) PLACE OF BIRTH

County of YorkTownship of Broad Riveror
Inc. Town of

or

City of

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

(2) Full Name of Child J. B. McCluney

File No. — For State Registrar Only

36811

Registration District No. 4402Registered No. 97
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Oct 6 22
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

Jess McCluney

(9) PRESENT POSTOFFICE OF FATHER

Hickory Grove

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

York

(13) OCCUPATION

Farmer

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

Retha Good

(15) PRESENT POSTOFFICE OF MOTHER

Hickory Grove

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

York

(19) OCCUPATION

Farmer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

(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 mother)

(27) Filed

Oct 20 22

(28)

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.