

Form No 1.

(1) PLACE OF BIRTH

County of Wmstburg
Township of Hope
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
44933

Registration District No. 4301 Registered No. 176
(For use of Local Registrar)

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 Carrie V. McClary { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 7 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William McClary
(9) PRESENT POSTOFFICE OF FATHER Salters Depot
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Williamsburg Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Canty Scott
(15) PRESENT POSTOFFICE OF MOTHER Salters
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Wmstburg Co
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. H. Hannon
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hannan

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12-13-15 (28) E. O. Taylor Local Registrar

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.

*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.