(1) PLACE OF BIRTH

County of Anderson

Township of Hopewell

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
20951

Registration District No. 30 8

Registered No. 14
(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 Burris Mez McClain (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			yes	June 17 1922

FATHER.

(8) FULL NAME Isaac Fleetwood McClain

(9) PRESENT POSTOFFICE OF FATHER Anderson, R.F.D. #7

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Anderson Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Lenn Creamer

(15) PRESENT POSTOFFICE OF MOTHER Anderson R.F.D #7

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Anderson Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:55 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga V. Pruett

(24) State whether Physician or Midwife? Physician

(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Aug 11 19 22 (28) T.M. Vandiver
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.

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McCAW OF COLUMBIA, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the