

(1) PLACE OF BIRTH

County of LancasterTownship of Cane Creekor
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35120

Registration District No. 2891Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct. 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe McClintock, Jr.(9) PRESENT POSTOFFICE OF FATHER River Side S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Lancaster Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julie Bailey(15) PRESENT POSTOFFICE OF MOTHER River Side S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Lancaster Co., S.C.(19) OCCUPATION Housewife(20) 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 at
(Born alive or stillborn) (Month) or P. M.)
on the date above stated.(23) (Signature) Dr. J. E. Green(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician River Side S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mother)(27) Filed Oct 12 1922 (28) W. H. Draffin
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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