

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.

(1) PLACE OF BIRTH
County of Spitbg
Township of
Inc. Town of
City of Spitbg (No. St.; Ward)
(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
66160

(2) Full Name of Child. Willie { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? M (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William M. McLean
(9) PRESENT POSTOFFICE OF FATHER Spitbg S.C.
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE High Springs
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Anna Burke
(15) PRESENT POSTOFFICE OF MOTHER Spitbg S.C.
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Homea Path
(19) OCCUPATION Home
(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 alive at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Starks
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spitbg S.C.

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 July 1916 (28) Jas. C. Opea Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.
fifth month of pregnancy.