

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
75163

County of *Willie and Burke*
Township of *Forney*

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

or
Inc. Town of
or
City of

Registration District No. *4311* Registered No. *65*
(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 *Nestle 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? *Ys* (7) DATE OF BIRTH *Aug. 13 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *James McClary*
(9) PRESENT POSTOFFICE OF FATHER *Bloomington*
(10) COLOR OR RACE *negr* (11) AGE AT LAST BIRTHDAY *22*
(Years)
(12) BIRTHPLACE *Willieausburg*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *1*

MOTHER.
(14) NAME BEFORE MARRIAGE *Eunna Scott*
(15) PRESENT POSTOFFICE OF MOTHER *Bloomington*
(16) COLOR OR RACE *negr* (17) AGE AT LAST BIRTHDAY *19*
(Years)
(18) BIRTHPLACE *Willieausburg*
(19) OCCUPATION *House wif*
(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *Willieausburg* (Hour *12* M., P. M. or P. M.) on the date above stated.

(23) (Signature) *Adelaide Boyd*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Witness James McClary

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 *Aug 16 1916* (28) *W. G. Snow* 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.

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.
McCaw, of Columbia.