

Form No. 1

## (1) PLACE OF BIRTH

County of KershawTownship of SumnerInc. Town of SumnerCity of Sumner

(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

89982

Registration District No. .... Registered No. ....

(For use of Local Registrar)

St. 4 Ward 4

## (2) Full Name of Child

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 1

(To be answered only in case of Twins or Triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH 12 7 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. R. McLean(9) PRESENT POSTOFFICE OF FATHER Sumner(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Anderson(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Choise(15) PRESENT POSTOFFICE OF MOTHER Sumner(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Sumner(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. McLean

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

, 1916

Registrar

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

(27) Filed Dec. 18, 1916 (28) C. E. Smith 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.

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