

File
#58016

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

U. S. Dept. of Commerce Bureau of the Census		Standard Certificate of Birth		FIL: 23 048064	nly	
1. PLACE OF BIRTH		STATE OF SOUTH CAROLINA		05798		
County of <u>Dumter</u>		Bureau of Vital Statistics				
Township of <u>Dumter</u>		State Board of Health				
or		Registration District No. <u>4108</u>		Registered No.		
Inc. Town of		or		(For use of Local Registrar)		
City of		(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		<u>Pinkney McCleary</u>		If child is not yet named, make supplemental report as directed.		
3. Boy or Girl	If Plural births	4. Twins, triplets or other	5. Number, in order of birth	6. Premature	7. Are Parents	8. Date of birth
<u>Boy</u>					<u>yes</u>	<u>10/28/23</u>
9. Full name		FATHER <u>Ransom Mc Cleary</u>		18. Name before marriage		MOTHER <u>Lusanna Singleton</u>
20. Residence (mailing address)		<u>Pl 3, Dumter</u>		19. Residence (mailing address)		<u>Pl 3, Dumter</u>
(If non-resident, give place and State)				(If non-resident, give place and State)		
11. Color or race	12. Age at last birthday	13. Birthplace (city or place)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work
<u>Col</u>	<u>25</u>	<u>Dumter City</u>	<u>farmer</u>			
18. Color or race	19. Age at last birthday	20. Birthplace (city or place)	21. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.	22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	23. Date (month and year) last engaged in this work	24. Total time (years) spent in this work
<u>Col</u>	<u>25</u>	<u>Dumter City</u>	<u>housewife</u>			
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		28. If stillborn, period of gestation		29. Cause of stillbirth	Before labor	
		months			During labor	
		weeks				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9 A M on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) Bennie McCleary, Parent
or 2, Guardian

Given name added from
a supplementary report.....
(Date of)

Address.....
Filed DEC 29 1948, 19..... Deputy

State Registrar

Local Registrar

Jeanette K. Brown