

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		23 048064 05798
1. PLACE OF BIRTH		STATE OF SOUTH CAROLINA		FIL: nly Registered No. (For use of Local Registrar)
County of <u>Sumter</u>		Bureau of Vital Statistics		
Township of <u>Sumter</u>		State Board of Health		
Inc. Town of		Registration District No. <u>4108</u>		
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		Pinkney McCleary		
If child is not yet named, make supplemental report as directed.				
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other	5. Number, in order of birth	6. Premature
				7. Are Parents Married <u>yes</u>
				8. Date of birth <u>10/28/23</u>
9. Full name <u>Ransom Mc Cleary</u>		18. Name before marriage <u>MOTHER</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Pl 3, Sumter</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Pl 3, Sumter</u>		
11. Color or race <u>col</u>		12. Age at last birthday <u>25</u> (years)		20. Color or race <u>col</u>
				21. Age at last birthday <u>25</u> (years)
13. Birthplace (city or place) (State or country) <u>Sumter City</u>		22. Birthplace (city or place) (State or country) <u>Sumter City</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
	17. Total time (years) spent in this work		26. Total time (years) spent in this work	
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
				During labor
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify to the birth of this child, who was born at <u>9 AM</u> on the date above stated.				
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)				
Given name added from a supplementary report				
(Date of)				
State Registrar				
(Signed) <u>Benson McCleary</u> , Parent or, Guardian Address				
Filed <u>DEC 29 1948</u> <u>Jeanette K. Brown</u> , Deputy Local Registrar				