

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.

City of Columbia

## (1) PLACE OF BIRTH

County of LaurensTownship of Lake City

Inc. Town of .....

City of .....

(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

42793

Registration District No. 20.12Registered No. 142

(For use of Local Registrar)

(2) Full Name of Child Miles McLain

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>12, 12, 18</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Clayton McLain</u>			(14) NAME BEFORE MARRIAGE <u>Sala Perdue</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lake City S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Union Church place</u>			(18) BIRTHPLACE <u>Maori X roads</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Nurse keeping</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Manda Mande(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Lake City, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 12, 1910 (28) C. D. Rollins  
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.

NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.