

(1) PLACE OF BIRTH York  
County of Catawba  
Township of Catawba  
or  
Inc. Town of .....  
or  
City of Catawba (No. .... St.; ..... Ward)  
(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  
70902

Registration District No. 4404 Registered No. 107  
(For use of Local Registrar)

(2) Full Name of Child Bozic M. O. Clanchain If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15 1928  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Bozic M. Clanchain  
(9) PRESENT POSTOFFICE OF FATHER Catawba  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Lancaster S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Four

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Estelle Cauthers  
(15) PRESENT POSTOFFICE OF MOTHER Catawba S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Lancaster S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was June 15 at 12.5 M.,  
on the date above stated. (Born alive or stillborn) (Hour or P. M.)  
(23) (Signature) W. O. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife at ...

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) Filed Aug 11 1918. (28) S. R. Miller 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.

McCauley of Columbia. FIRST-BORN; No. 1. THEIR ORIGIN; No. 2, etc., in question 5. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the