

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Red Bluff
 or
 Inc. Town of McClellan
 or
 City of SC

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
23212

Registration District No. 3305 Registered No. 84
 (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 James R. Necker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 11, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Dexter Necker

(9) PRESENT POSTOFFICE OF FATHER McClellan SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Dillon SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucian Caeder

(15) PRESENT POSTOFFICE OF MOTHER McClellan SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Marion Co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa McCreary
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClellan SC

Given name added from a supplemental report

 _____ 19 _____
 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 15, 1922 (28) H. Neatherly 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.

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.

MECAM OF COLUMBIA, S. C.