

(1) PLACE OF BIRTH

County of York
 Township of Brook River
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
32735

Registration District No. 4402 Registered No. 95
 (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

Maude Lee McClintock
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis McClintock (14) NAME BEFORE MARRIAGE Ben Knight

(9) PRESENT POSTOFFICE OF FATHER Wetmore (15) PRESENT POSTOFFICE OF MOTHER Chickley Grove

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 46 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 41
 (Years) (Years)

(12) BIRTHPLACE York Co (18) BIRTHPLACE Union Co

(13) OCCUPATION Furnace (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Knight (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. H. Knight

Given name added from a supplemental report

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

..... 19 Registrar (27) Filed 19 (28) 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.

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.