

(1) PLACE OF BIRTH

County of *Clayton*Township of *Hammer Swamp*or
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3784

Registration District No. *13158*Registered No. *51*
(For use of Local Registrar)(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 *Joe McClary*

(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) Parents Married? *Yes*(7) DATE OF BIRTH *Feb. 24*, 19 *22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Ode McClary*(9) PRESENT POSTOFFICE OF FATHER *Silver SC*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *34*
(Years)(12) BIRTHPLACE *Clayton*(13) OCCUPATION *Teacher*(20) Number of children born to mother, including present birth *Seven*

MOTHER.

(14) NAME BEFORE MARRIAGE *Nancy McClary*(15) PRESENT POSTOFFICE OF MOTHER *Silver SC*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *29*
(Years)(18) BIRTHPLACE *Clayton*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *Seven*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *8* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lilhi Hutto*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Silver SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Feb. 24*, 19 *22*(28) *A. White* 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.