CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42771

(1) PLACE OF BIRTH

County of Florence SC

Township of Florence SC

or Inc. Town of Florence SC Registration District No. 20-A Registered No. 278 (For use of Local Reistrar)

or City of Ballard St. North of line (No. 805 St.; Ballard Ward) 2

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jerry McClain — 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 (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Dec. (Name of Month) 30 (Day) Thirty (Year)

FATHER.		MOTHER.	
(8) FULL NAME	John Paul J. P. McClain	(14) NAME BEFORE MARRIAGE	Lee Small
(9) PRESENT POSTOFFICE OF FATHER	Florence	(15) PRESENT POSTOFFICE OF MOTHER	Florence
(10) COLOR OR RACE	Colored (11) AGE AT LAST BIRTHDAY 43 (Years)	(16) COLOR OR RACE	Colored (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE	Florence County	(18) BIRTHPLACE	Florence County
(13) OCCUPATION	Railroad Shop Labour	(19) OCCUPATION	Housework
(20) Number of children born to mother, including present birth	10	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mid Wife Jeremiah Wright

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Florence S. C. R. F. D.

Given name added from a supplemental report

....., 191...

Registrar

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

(27) Filed Jan 2 1916 (28) C. C. Craft M D 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.

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Form No. 10. 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.

McCaw, of Columbia