

Form No. 3

(1) PLACE OF BIRTH

County of Spartanburg

Township of Philoh

Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution give name of same in stead 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

241310

Registration District No. 4107

Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Clara Lueche McDougall not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet <u>—</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>—</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Jan 28 1923</u> (Name of Month) (Day) (Year)
8) FATHER'S FULL NAME <u>Andrew McDougall</u>		9) MOTHER'S NAME BEFORE MARRIAGE <u>Everlina Smith</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Philoh, S.C.</u>		10) PRESENT POSTOFFICE OF MOTHER <u>Philoh, S.C.</u>		
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	12) COLOR OR RACE <u>White</u>	13) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>Spartanburg Co</u>		14) BIRTHPLACE <u>Spartanburg Co</u>		
13) OCCUPATION <u>Farming</u>		15) OCCUPATION <u>Housework</u>		
20) Number of children born to mother, including present birth <u>3</u>		21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5-00 M., on the date above stated. (Born alive or stillborn) Hour, M. or P. M.)

(23) (Signature) Alexander E. Shuman
(24) State whether Physician or Midwife (25) Name of Physician or Midwife
midwife Philoh S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed)
2-2-23

(27) Filed 2-2-23 at Philoh S.C. 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.

See also Columbia, Columbia, S.C. THE OTHER, No. 2, etc., 2, question 1