

(1) PLACE OF BIRTH

County of Saluda

Township of # 2

Inc. Town of

City of birth occurs in a hospital or other institution give name of same instead of street and number. (No. St. Ward)

(2) Full Name of Child Leah Ora McCray If child is not yet named, make supplemental report as directed.

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

File No. — For State Registrar Only
12745

Registration District No. 3901 Registered No. 35
(For use of Local Registrar)

(3) BOB or GIRL girl (4) Twin or triplet? No (5) Number in order of birth 26 (6) Are Parents Married? yes (7) DATE OF BIRTH 5 6 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion M. Clay
(9) PRESENT POSTOFFICE OF FATHER Ridge Springs, S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Wicken Co., D.C.
(13) OCCUPATION Tarmin Laines

MOTHER.

(14) NAME BEFORE MARRIAGE Ollie May Hunt
(15) PRESENT POSTOFFICE OF MOTHER Ridge Springs, S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Wicken Co., D.C.
(19) OCCUPATION housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.)
on the date above stated. 6 P. M.

(22) (Signature) Pat Spruce
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Ridge Springs

Given name added from a supplemental report
101
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed May 10 1912 (27) F. W. Crouch 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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10-10-12 In case of twins or triplets, give name of each child, and mark the order of birth. In case of stillbirths, give name of child, and mark the order of birth.