

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chesterfield  
Township of Cash Hill  
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

76352

Registration District No. 1202 Registered No. 64  
(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 Wara Corin McLean If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL~~ girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Walter McLean  
(9) PRESENT POSTOFFICE OF FATHER Patience St  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Chesterfield Co  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Sally Polson  
(15) PRESENT POSTOFFICE OF MOTHER Patience St  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Chesterfield Co  
(19) OCCUPATION House Keeping  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. H. Kelley, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chesterfield Co

Given name added from a supplemental report

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

(27) Filed Sept 24, 1916 (28) J. A. Davis 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.