

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.

MCCLAV OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		72820	
Township of .....		Registration District No. <u>21-A</u>		Registered No. <u>73</u>	
Inc. Town of .....		No. <u>1032 Church</u>		(For use of Local Registrar)	
City of <u>Georgetown</u>		(If birth occurs in a hospital or other institution give name of same instead of street and number.)		Ward	
(2) Full Name of Child <u>Clara Smith</u>					
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth <u>10</u>	
(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Aug 9 1916</u>		(Name of Month) Day Year	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Henry Smith</u>			(9) NAME BEFORE MARRIAGE <u>Huggie Burges</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u>		
(12) COLOR OR RACE <u>White</u>			(13) AGE AT LAST BIRTHDAY <u>44</u>		
(14) BIRTHPLACE <u>Sam Pit S.C.</u>			(15) COLOR OR RACE <u>White</u>		
(16) OCCUPATION <u>Watchman</u>			(17) AGE AT LAST BIRTHDAY <u>38</u>		
(18) BIRTHPLACE <u>Georgetown</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)					
(23) (Signature) <u>Mary Bassard</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Aug 13 1916</u> (28) <u>W. H. Nyle</u> 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.					