

(1) PLACE OF BIRTH

County of Marlboro
 Township of Bennettsville
 or
 Loc. 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

15938

Registration District No. 7301 Registered No. 78
 (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 Thelma Louise (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 28, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. J. McLean

(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE Marlboro C. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Gussie Pape

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (Years)

(18) BIRTHPLACE Marlboro C. S.C.

(19) OCCUPATION H.W.

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 12:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. J. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

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

(27) Full Name of Registrar Thos. J. Smith (28) 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.