

Township of
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. Registered No.
(For use of Local Boards)

Charleston
(No. 144 SE 2nd St.)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 2, 1944</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Clay

(9) PRESENT POSTOFFICE OF FATHER *Charleston, S.C.*

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION: Laborer

(20) Number of children born to mother, including present birth } *One*

(14) NAME BEFORE MARRIAGE *Laura F. Lawrence*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *17* (Years)

(13) BIRTHPLACE *Graham's Island, S.C.*

(1g) OCCUPATION Nurse

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born born alive, but born alive or stillborn (Henry A. M. or P. M.) on the date above stated. P. C. Roche

(28) (Signature) A. J. ... (29) Address of Physician or Midwife ...
(ed) State whether Physician or Midwife (25) Address of Physician or Midwife ...

Physician Nofa Hazzanol, MD

Given name added from a supplemental report

(50) Witness (Signature of Witness necessary only when question 22 is signed by mark).

275-191-100 Mercer Green N. 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.

...in which he was reported as having been arrested. His report is believed to be correct.

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.

FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.