

## (1) PLACE OF BIRTH

County of LexingtonTownship of ClintonInc. Town of ClintonCity of Clinton

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

4483

Registration District No. 31-A Registered No. 1  
(For use of Local Registrar)(No. 1 St. 1 Ward 1)(2) Full Name of Child Robert James Buchanan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be covered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH 2-2-1925

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert James Buchanan(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21

(Year)

(12) BIRTHPLACE Alabama, S.C.(13) OCCUPATION Cotton Mill Operator(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE L. M. Buchanan(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19

(Year)

(18) BIRTHPLACE Hampton, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:25 M.  
on the date above stated. (Born alive or stillborn? Hour A. M. or P. M.)(23) (Signature) L. M. Buchanan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Clinton, S.C.

(26) Name added from a supplemental report

(27) Witness

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

(28) Date Feb 9, 1925(29) Local Registrar S. J. Atkinson

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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