

PLACE OF BIRTH

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 24023

Name of Child *Clayton*  
Surname *Wells*

Registration District No. *1302* Registered No. *42*  
(For use of Local Registrar)

City of *Jackson* (No. *1302* St. *42*) Ward *2*  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Clayton Wells* (If child not yet named, make report as directed)

Sex *Male* (1) Male (2) Female (3) Unknown  
Date of Birth *May 23* (1) Day (2) Month (3) Year

FATHER: *Douglas Wells* (1) Name (2) Date of Birth (3) Age at last birthday (4) Occupation (5) Number of children born to mother, including present birth

MOTHER: *Sumner Wells* (1) Name (2) Date of Birth (3) Age at last birthday (4) Occupation (5) Number of children born to mother, including present birth

Color of Child *CW* (1) Color (2) Age at last birthday (3) Occupation (4) Number of children born to mother, including present birth

Place of Birth *Clarendon* (1) Place (2) Age at last birthday (3) Occupation (4) Number of children born to mother, including present birth

Occupation *School Teacher* (1) Occupation (2) Age at last birthday (3) Occupation (4) Number of children born to mother, including present birth

House - wife (1) House - wife (2) Age at last birthday (3) Occupation (4) Number of children born to mother, including present birth

Number of children born to mother, including present birth *4* (1) Number of children born to mother, including present birth (2) Age at last birthday (3) Occupation (4) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (1) Name (2) Address (3) Signature (4) Date

I hereby certify that I attended the birth of this child, who was *Clayton Wells* (1) Name (2) Address (3) Signature (4) Date

Signature of Physician or Midwife *Thos. Mitchell* (1) Signature (2) Address (3) Signature (4) Date

Address of Physician or Midwife *Sumner* (1) Address (2) Signature (3) Signature (4) Date

Witness (1) Name (2) Address (3) Signature (4) Date

Signature of Witness necessary only when question 23 is signed by mother (1) Signature (2) Address (3) Signature (4) Date

Given name added from a supplemental report *6-21-4* (1) Name (2) Address (3) Signature (4) Date

19 *43* (1) Year (2) Address (3) Signature (4) Date

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.