

## (1) PLACE OF BIRTH

County of YorkTownship of Yorkor  
Inc. Town ofor  
City of

(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

File No.—For State Registrar Only

75292

Registration District No. 4408 Registered No. 107

(For use of Local Registrar)

## (2) Full Name of Child

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 26, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bill Clinton(9) PRESENT POSTOFFICE OF FATHER York SC.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Lancaster Co. SC.(13) OCCUPATION General work(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Fanny Elliott Gordon(15) PRESENT POSTOFFICE OF MOTHER York SC.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE York Co. SC.(19) OCCUPATION Domestic(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 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. McDowell(24) State whether Physician or Midwife (25) Address of Physician or Midwife York SC.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Aug. 27, 1916 (28) Jas. J. Barrow 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.