

(1) PLACE OF BIRTH

County of ClareeTownship of SenecaInc. Town of ClemsonCity of Cullage

(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

23340

Registration District No. 5504

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Doris Harleston Bynum

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

13. 21. 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Doris Harleston Bynum

(9) PRESENT POSTOFFICE OF FATHER

Clemson College

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Clemson Co S.C.

(13) OCCUPATION

Darning

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Amanda Floyd

(15) PRESENT POSTOFFICE OF MOTHER

Clemson Co

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Wife & Housekeeper

(20) 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 25 (Born alive or Stillborn) (Hour A. M. or P. M.) 10 P.M. on the date above stated.(23) (Signature) W. W. W. W.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianClemson College

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 6-2-22 191... (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.

Registrar

Local Registrar

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

S. C. W. of Columbia

CARY