

FIRST-FOURTH, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Charleston
Township of

or
Inc. Town of

City of Charleston S.C. (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

48313

Registration District No. 9A Registered No. 204

(For use of Local Registrar)

(2) Full Name of Child Arthur Clay

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 23</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>John Henry Clay</u>			(14) NAME BEFORE MARRIAGE <u>Annie Richards</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>	
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>	
(13) OCCUPATION <u>painter</u>			(19) OCCUPATION <u>maid</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 o'clock p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillippa Twine
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Emontague St.

Given name added from a supplemental report
..... 191....
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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 7/21/16 (28) J. Marcus Green M.D. 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.

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