

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston  
 or  
 Inc. Town of Pelzer, S.C.  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

13542

Registration District No. 38Registered No. 75  
(For use of Local Registrar)

(2) Full Name of Child Rory Alfred Clayton (If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL boy 4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH May 10, 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Frank Clayton(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE A.C.(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth 3MOTHER  
 (14) NAME BEFORE MARRIAGE Tola Evans(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Granville County(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W.R. Dundy  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report

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

(27) Filed June 7, 1922 at Anderson 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.