

PLACE OF BIRTH

Spartanburg
Cresson, S.C.

CERTIFICATE OF BIRTH

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

No. for State Registrar only

1919

Registration District No. 4202

Registered No. 48
(For use of Local Registrar)

Name of Child: Enoree S.C.

(No. ... St.; ... Ward)
(If child is not yet named, make supplemental report as directed)

Name of Child: Ramon Clavenger

(1) Sex: Boy
(2) Date of Birth: 12-23
(3) Time of Birth: 4:30
(4) Name of Month: December
(5) Day: 23
(6) Year: 1919

FATHER: Calvin Clavenger
(14) Name before marriage: Mandy James

MOTHER: Enoree S.C.
(15) Name of Mother: Enoree S.C.

(16) Color or Race: White
(17) Age at last birthday: 30

(18) Birthplace: Danbridge Tenn.
(19) Occupation: Horse Keeper

(20) Number of children of this mother now living (including present birth): 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A, M, or S, M.) on the date above stated.

(21) Signature: J. H. M.D.
(22) State whether Physician or Midwife
(23) Address of Physician or Midwife

When name added from a supplemental report

(24) Witnesses (Signature of Witnesses necessary only when Question 23 is signed by mark)
(25) Filed: Jan 23, 1920
(26) Local Registrar: C. D. Harner

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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