

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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 Register Only

41236

Registration District No. 256 Registered No. 116

(For use of Local Registrar)

(2) Full Name of Child Odell Clyburn

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

FATHER.

(8) FULL NAME Frank C. Clyburn

(9) PRESENT POSTOFFICE OF FATHER Leesville

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (12) BIRTHPLACE

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Emma Brunsdale

(16) PRESENT POSTOFFICE OF MOTHER Leesville

(17) COLOR OR RACE (18) AGE AT LAST BIRTHDAY (19) BIRTHPLACE

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour, A. M. or P. M.)

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

Given name added from a supplemental report

June 17, 1925

Registrar

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

(27) Filed (28) E. F. Hammond 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.

before the fifth month of pregnancy