

(1) PLACE OF BIRTH

County of LawrenceTownship of Waterloo

Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19291

Registration District No. 2807Registered No. 47

(For use of Local Registrar)

City of (No. St.; Ward)
 if it occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Clayton League Jr. } If child is not yet named, make supplemental report as directed

3) SEX Boy

(4) Twin or triplet? Yes

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jun 10 22

(Year) 1922

FATHER.

8) FIRST NAME Clayton

PRESENT POSTOFFICE OF FATHER Waterloo Jr

9) COLOR White
 RACE

(11) AGE AT LAST BIRTHDAY 30

(Years)

10) BIRTHPLACE SC

12) OCCUPATION Farm

Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Corbett

(15) PRESENT POSTOFFICE OF MOTHER Waterloo Jr

(16) COLOR White
 OR RACE

(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House-keeper

(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 born at 11/2 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Waterloo Jr

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1922

(28)

[Signature] 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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