

Form No. 1

(1) PLACE OF BIRTH

County of Anderson  
Township of Pinebluff  
or  
Inc. Town of.....  
or  
City of Auton

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

Registration District No. 310

File No.—For State Registrar Only  
**40874**

Registered No. 116  
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 20 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME LeRoy M. Clay  
(9) PRESENT POSTOFFICE OF FATHER Auton, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE And. Co., S.C.  
(13) OCCUPATION Teletype operator  
(20) Number of children born to mother, including present birth one

MOTHER.  
(14) NAME BEFORE MARRIAGE Bertha Smith  
(15) PRESENT POSTOFFICE OF MOTHER Auton, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE Eastman, Ga.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) C.C. Hobbs  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pinebluff, S.C.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan. 11 19 23 (28) N. M. Deawright 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.

ONE FOR EACH CHILD, and mark the OTHER, No. 2, etc., in question 5.