

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		157	
Township of .....		Bureau of Vital Statistics		Registered No. <u>6</u>	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of .....		Registration District No. <u>3 A</u>		St. .... Ward	
or		City of <u>By Court Order dtd: 2-13-79, Elsie Mae Fisher</u>		(No. ....)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <u>Elsie Mae McClinton</u>		child is not yet named, make supplemental report as directed	
(3) <del>BOY OR GIRL?</del>	(4) <del>Type of Triplet?</del>	(5) Number in order of Birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Jan 4, 19 73</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>J. A. McClinton</u>			(14) NAME BEFORE MARRIAGE <u>Mary Ransom</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Anderson</u>			(18) BIRTHPLACE <u>Anderson</u>		
(13) OCCUPATION <u>mill</u>			(19) OCCUPATION <u>mill</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8:45</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. B. Crayton</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness .....		
<u>Court Order # 13, 021</u>			(Signature of Witness necessary only when question 23 is signed by mother)		
<u>Filed 3-20-79, 19</u>			(27) Filed <u>Jan 24 19 73</u>		
Registrar			J. B. CRAYTON, 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.