

(1) PLACE OF BIRTH

County of Bamberg
 Township of B. B.
 or
 Inc. Town of Clarke
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

13717

Registration District No. 451 Registered No. 64
 (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? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH 3-30-32
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Jackson Still
 9. PRESENT POSTOFFICE OF FATHER CLARKE

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
 (Years)

12. BIRTHPLACE SC

13. OCCUPATION Public work

20. Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Grauline Ray

(15) PRESENT POSTOFFICE OF MOTHER CLARKE

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1.5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. B. Bennett
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

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

19. Registrar

(27) Filed June 8, 1932 (28) J. E. Bennett 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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