

FORM NO. 1.

PLACE OF BIRTH

County of Charleston
 Township of Maultrieville
 or
 Village of _____
 or
 City of _____

Department of Commerce and Labor

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

South Carolina

98931/2

Registered No. _____

St. _____ Ward _____

FULL NAME OF CHILD Jesse Willard Cland

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

Sex of Child Male Twin, triplet, or other? _____ Number in order of birth _____ Legitimate? Yes Date of birth Apr 10, 1945
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	<u>Albert M. Cland</u>	FULL MAIDEN NAME	<u>Barrie B. Harrington</u>
RESIDENCE	<u>St. Maultrie, S.C.</u>	RESIDENCE	<u>St. Maultrie, S.C.</u>
COLOR	<u>W</u>	COLOR	<u>W</u>
AGE AT LAST BIRTHDAY	<u>31</u> (Years)	AGE AT LAST BIRTHDAY	<u>28</u> (Years)
BIRTHPLACE	<u>Georgia</u>	BIRTHPLACE	<u>N. C.</u>
OCCUPATION	<u>Electrician</u>	OCCUPATION	_____

Number of children born to this mother, including present birth 3 Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Conceived at 9 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George P. Pennington
Capt. Med. Corps USA
 (Physician or Midwife)

Given name added from a supplemental report _____, 19____

Address St. Maultrie, S.C.
 Filed April 10, 1945 J. H. Sanowski
 REGISTRAR

fifth month of pregnancy.

MAKING PERMANENT RECORD
 THIS IS A PERMANENT RECORD
 OF THE BIRTH OF THIS CHILD
 AND IT IS THE DUTY OF THE REGISTRAR
 TO KEEP THIS RECORD IN A SAFE PLACE
 AND TO MAKE IT AVAILABLE TO THE PUBLIC
 UPON REQUEST.