

(1) PLACE OF BIRTH

County of Jamberg
 Township of Jamberg
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6502

Registration District No. 490Registered No. 44
(For use of Local Registrar)

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

(2) Full Name of Child Francis Joseph Clute (If child is not yet named, make supplemental report as directed)

(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/19/22
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME H. R. Clute (14) NAME BEFORE MARRIAGE John Buff

(9) PRESENT POSTOFFICE OF FATHER Laurin (15) PRESENT POSTOFFICE OF MOTHER Danmark

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Year) (Year)

(12) BIRTHPLACE Barnwell (18) BIRTHPLACE Marion Ga

(13) OCCUPATION Mechanic (19) OCCUPATION

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. Clute (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Danmark Ga

Given name added from a supplemental report:

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

(27) Filed 4/10/22 (28) John Clute 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.