

## (1) PLACE OF BIRTH

County of AndersonTownship of Mathesonor  
City 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

1555

Registration District No. 307 Registered No. 68

(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 Baby Clinton Clinton (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are parents married <u>Yes</u>	(7) DATE OF BIRTH <u>July 7</u> <u>1953</u>
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## FATHER.

(8) FULL NAME Port Clinton(9) PRESENT POSTOFFICE OF FATHER Irma S.C. Bay(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Pratt(15) PRESENT POSTOFFICE OF MOTHER Irma S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30(18) BIRTHPLACE Anderson Co(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Clinton (Born alive or stillborn) (Born A. M. or P. M.)

(on the date above stated.)

(22) (Signature) J. C. Milled

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(26) John S. (27) P. P. Phin 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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