

1. PLACE OF BIRTH

County of Florence

City of _____

or
Inc. Town of _____or
City of FlorenceCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

25917-a

Registration District No. 20-A Registered No. 332
(For use of Local Registrar)(No. 1552 N. Bauman Ward)2. Full Name of Child Clayton James

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

3. BOY OR GIRL

boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

yes

7. DATE OF BIRTH

Aug 29 1927
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Albert James9. PRESENT POSTOFFICE OF FATHER Florence S.C.10. COLOR OR RACE col.11. AGE AT LAST BIRTHDAY 28

(Years)

12. BIRTHPLACE Florence, S.C.13. OCCUPATION A.C.L.R.R. Work14. Number of children born to mother, including present birth 1 2

MOTHER

14. NAME BEFORE MARRIAGE Beatrice P. Dauter15. PRESENT POSTOFFICE OF MOTHER Florence S.C.16. COLOR OR RACE col.17. AGE AT LAST BIRTHDAY 20
(Years)18. BIRTHPLACE Florence, S.C.19. OCCUPATION House-work20. Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Alive at 4 A M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Racael Hicks

24. State whether Physician or Midwife 25. Address of Physician or Midwife

midwife 619 Francis

26. Witness

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

27. Filed Aug 25 1927 28. P. H. Brigham M.D.
Registrar Local Registrar

Given name added from a supplemental report

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.