

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland  
Township of Columbia  
or  
Inc. Town of Columbia  
or  
City of Richland  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19986

Registration District No. 372 Registered No. 1387....  
(For use of Local Registrar)

(2) Full Name of Child

David Samuel Clayton Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ✓  
To be answered only in case of Twins or Triplets

(5) Number in order of birth One

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 12<sup>th</sup> 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME

David Samuel Clay

(9) PRESENT POSTOFFICE OF FATHER

Cayce

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

Bamberg S.C.

(13) OCCUPATION

Hotel Clerk

(14) NAME BEFORE MARRIAGE

Bessie Kuttel

(15) PRESENT POSTOFFICE OF MOTHER

Cayce

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE

Bamberg S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth One

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) L. B. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature) Witness necessary only when question 22 is signed (mark)

(27) Filed

1922 (28) 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.

Registrar.

Local Registrar.

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