

(1) PLACE OF BIRTH

County of LaurensTownship of Clintonor
Inc. Town of.....or
(City of Clinton S.C.)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only
19242CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 29B Registered No. 51

(For use of Local Registrar)

(No. 2 Bail St.; 6 Ward)

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

3. BOY OR GIRL? Girl 4. Twin or Triplet? To be answered only in event of Twins or Triplets 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 13th 1922 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Mr. Henry Calais9. PRESENT POSTOFFICE OF FATHER Clinton S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)12. BIRTHPLACE S.C.13. OCCUPATION Textile work20. Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Glass(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 550 A on the date above stated. (Born live or stillborn Hour A. M. or P. M.)(23) (Signature) J. L. W. Bailey(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 13th 1922 (28) J. L. W. Bailey 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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THIS IS THE FIRST-BORN OF THE MOTHER. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN. No 1 THE OTHER, No 2, etc. in question 5

MS&W OF COLUMBIA, COLUMBIA S. C.