

(1) PLACE OF BIRTH
County of Chesler
Township of 11

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
48535

Inc. Town of Registration District No. 110.2 Registered No. 9
(For use of Local Registrar)
City of (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. Lester M. Clinton { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 8, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lester M. Clinton
(9) PRESENT POSTOFFICE OF FATHER Chesler
(10) COLOR OR RACE Cole (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Chesler
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Bettie Hare
(15) PRESENT POSTOFFICE OF MOTHER Chesler
(16) COLOR OR RACE Cole (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Chesler
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 12
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) May H. Hare
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness James Hare
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 11, 1916 (28) James Hare 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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WHEN PLACED IN THE STATE BOARD OF HEALTH RECORDS, THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

W. H. McCaw, Jr.

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