

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

WE
N. J.
McCaw
McCaw

(1) PLACE OF BIRTH

County of Lancaster
Township of Blaskey
or
Inc. Town 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

43017

Registration District No. 2208 Registered No. _____

(For use of Local Registrar)

(2) Full Name of Child Francis A. Clayton

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? 1

(5) Number in order of birth 1
To be answered only in case of twins or triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH Dec. 28 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Campbell

(15) PRESENT POSTOFFICE OF MOTHER Campbell, S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 7:20 P.
on the date above stated. born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) T. G. Morrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blaskey, Campbell

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.

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