

MARGIN RESERVE FOR BINDING.
 WHITE PLAINS. WITH UNENDING INFO—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 8
 NEGATIVE OF COLUMBIA, COLUMBIA S. C.

(1) PLACE OF BIRTH

County of Marlboro
 Township of Brightsville
 Inc. Town of
 or
 City of Gibson N.C.

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

File No.—For State Registrar Only
19463

Registration District No. 3302 Registered No. 32
 (For use of Local Registrar)

(2) Full Name of Child Clinton Jackson Stanton (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 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? No (7) DATE OF BIRTH 6 24 22
 (Name of Month) Day (Year)

FATHER.
 (8) FULL NAME John A. Stanton
 (9) PRESENT POSTOFFICE OF FATHER Gibson N.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Stubbs
 (15) PRESENT POSTOFFICE OF MOTHER Gibson N.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (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 2:20 A.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) E. L. Livingston M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gibson N.C.

Given name added from a supplemental report

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

(27) Filed 6/30 19 22 (28) J. N. Stubbs 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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