CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30860

(1) PLACE OF BIRTH
County of Chesterfield
Township of Dekalb
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2701. Registered No. 103
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Robert Clemons (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy | (4) Twin or Triplet? twin | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH Feb 20 1927 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME Rev Clemons
(9) PRESENT POSTOFFICE OF FATHER Cheraw
(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Labor
(14) Number of children born to mother, including present birth 14

MOTHER

(14) NAME BEFORE MARRIAGE Louise Gibson
(15) PRESENT POSTOFFICE OF MOTHER Chesterfield S C
(16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE S C
(19) OCCUPATION
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive at 2 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from supplemental report

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

(27) Filed Oct 1 1927 (28) [illegible]
Registrar 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.

N. B.—Only one of TWINS OR TRIPLETS may be REGARDED AS A STILLBIRTH. (See PENALTIES FOR FALSE CERTIFICATES, PHYSICIANS, No. 3, etc., in question 4.

MODEL REGISTRATION COUNTRY, U. S.