

WRITE PLAINLY, WITH UNFADING INK, IN THE SPACE PROVIDED, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
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 5.

(1) PLACE OF BIRTH
County of LANCASTER
Township of Indian Land
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.)

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

File No.—For State Registrar Only
22810

Registration District No. 2805 Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child Bivins Clyburn (Supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29, 22
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Thomas Clyburn (14) NAME BEFORE MARRIAGE Lucy Bell
(9) PRESENT POSTOFFICE OF FATHER Fort Mill, S.C. (15) PRESENT POSTOFFICE OF MOTHER Fort Mill, S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE Chester Co. (18) BIRTHPLACE Lancaster Co.
(13) OCCUPATION Farmer (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 9 (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 2 lbs.
on the date above stated. (Born alive or stillborn) (Sex, A. M. or P. M.)

(23) (Signature) Emma Austin
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Fort Mill S.C.

Given name added from a supplemental report
B. J. Richardson
Registrar

(26) Witness B. J. Richardson
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 15, 22 (28) B. J. Richardson
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.