

(1) PLACE OF BIRTH

County of HorrocksTownship of Jeffreyor
Inc. Town of
or

City of (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52167

(2) Full Name of Child Clifford Thright

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 Mar 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Thright(9) PRESENT POSTOFFICE OF FATHER Mrs. Bluff-Ed.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Florence Co.(13) OCCUPATION Farmer & Renter(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Gibson(15) PRESENT POSTOFFICE OF MOTHER Mrs. Bluff-Ed.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Winnamereville(19) OCCUPATION Field's Hand(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 3 P. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Madison Mrs. Bluff-Ed.

Given name added from a supplemental report

(26) Witness C. H. H. H.

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

(27) Filed Mar 14 1916 (28) Mrs. Jno. P. Gregg 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.

Deputy-