

Form No. 1

(1) PLACE OF BIRTH

County of Jamieson
 Township of Hampton
 OF
 Inc. Town of Clinton
 OF
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

41281

Registration District No. 29 B.Registered No. 110
(For use of Local Registrar)(No. 12 Jefferson St.) 5 Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

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

(2) BOY OR GIRL <u>Boy</u>	(3) Twin or Triplet To be answered only in event of Twin or Triplet	(4) Number in order of birth	(5) Age <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>Mark Irvin Bond</u>			(14) NAME BEFORE MARRIAGE <u>Ansie Brown</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Clinton S.C.</u>			(16) PRESENT POSTOFFICE OF MOTHER <u>Clinton S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(13) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>N.C.</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(15) OCCUPATION <u>2 child of</u>		(18) BIRTHPLACE <u>S.C.</u>		
		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Clinton S.C. on the date above stated.(23) (Signature) J. L. W. Bailey, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianClinton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Dec 15 23 (28) J. L. W. Bailey 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.

NOT TO BE USED FOR BIRTH RECORDS

WRITE PLAINLY. WITH IN-FLADING INC.—THIS IS A PERMANENT RECORD.
 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 1.