

(1) PLACE OF BIRTH

County of Orangeburg
Township of Spain
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19766

Registration District No. 3619 Registered No. 23
(For use of Local Registrar)

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

(2) Full Name of Child Henry Cleckley 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 June 6, 1922
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rosecoe Cleckley
(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Orangeburg Co., S.C.
(13) OCCUPATION Form laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Baker
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Orangeburg Co., S.C.
(19) OCCUPATION Housewife Form laborer

(20) Number of children born to mother, including present birth Five (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Whitson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 5, 1922 (28) W. H. Lucas 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.

Registrar W. H. Lucas Local Registrar.

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