

(1) PLACE OF BIRTH

County of *Clarendon*
 Township of *Flower*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

873

Registration District No. *1312* Registered No. *3*
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 31 1922*
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER

(8) FULL NAME *Henry Oliver*
 (9) PRESENT POSTOFFICE OF FATHER *Wesley Station*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *40* (Years)
 (12) BIRTHPLACE *Clarendon*
 (13) OCCUPATION *Farmer*

MOTHER

(14) NAME BEFORE MARRIAGE *Hanna James*
 (15) PRESENT POSTOFFICE OF MOTHER *Wesley Station*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *26* (Years)
 (18) BIRTHPLACE *Clarendon*
 (19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth

Seven

(21) Number of children of this mother now living, including present birth

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9a* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Julia Wilson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *214 Cherry St.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *File* 1922

(28) 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.