

(1) PLACE OF BIRTH

County of Kershaw
Township of Orlando

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7-151

City of Clemson Registration District No. 24 Registered No. 16
(For use of Local Registrar)
City of Clemson (No. 24 St. 16 Ward 16)
(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

(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 Feb 24 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Meeker(9) PRESENT POSTOFFICE OF FATHER Clemson(10) COLOR OR RACE Red (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Kershaw Co(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Pattie Lee Jones(15) PRESENT POSTOFFICE OF MOTHER Clemson SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Kershaw Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.) 4 P. M.
on the date above stated.(22) (Signature) W. K. G. G. G.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Clemson

Given name added from a supplemental report

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

(26) Filed Ind. 9-10-23 (27) Local Registrar

Registrar

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.

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