

(1) PLACE OF BIRTH

County of GreenvilleTownship of ReidleyInc. Town of ReidleyCity of Reidley

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

43155

Registration District No. 2213 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child James M. Clinton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Mar 15 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam M. Clinton

(9) PRESENT POSTOFFICE OF FATHER

Reidley(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 47

(Years)

(12) BIRTHPLACE

Abbeville Co

(13) OCCUPATION

Farm Labor(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle

(15) PRESENT POSTOFFICE OF MOTHER

Reidley(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 43

(Years)

(18) BIRTHPLACE

Abbeville Co

(19) OCCUPATION

Farming(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Reidley Mar 15 1915 A. M. on the date above stated. (Born alive or stillborn) (Hour A. or P. M.)(23) (Signature) Dr. J. M. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

9-11-1914W. B. ...

Registrar

(26) Witness

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

(27) Filed Mar 16 1915 (28) W. B. ...

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.

WRITE IN INK. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.B.—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 5.

Caw. of Columbia