

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of St. James  
 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

18244

Registration District No. 1309 Registered No. 30  
 (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 Jane M. Clay (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3, 1922  
 (Name of Month) (Day) (Year)

FATHER: (3) FULL NAME Young M. Clay (14) NAME BEFORE MARRIAGE Eliza M. Clay

(3) PRESENT POSTOFFICE OF FATHER Davis St. S.C. (15) PRESENT POSTOFFICE OF MOTHER Davis St. S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28  
 (Years) (Years)

(12) BIRTHPLACE Clarendon S.C. (18) BIRTHPLACE Clarendon S.C.

(13) OCCUPATION Farming (19) OCCUPATION Home Friend

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Jane M. Clay (Born alive or stillborn) (Heard A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Harrell Davis (24) State (whether Physician or Midwife) Midwife (25) Address of Physician or Midwife Davis St. S.C.

Given name added from a supplemental report

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

(27) Filed Jan 11, 1922 (28) A. E. Hickling 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.