

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Lane
 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

32654

Registration District No. 4305 Registered No. 75
 (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 Dussamah Mae Clary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes DATE OF BIRTH Sept 9th 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Emanton Mc Clary
 (8) PRESENT POSTOFFICE OF FATHER Heinemann, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE Williamsburg co. S.C.
 (13) OCCUPATION Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Paisley
 (15) PRESENT POSTOFFICE OF MOTHER Heinemann, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE Williamsburg co. S.C.
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida Heinmah(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Heinemann S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 12th 19 22 (28) A. R. Mosley 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. 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.