

(1) PLACE OF BIRTH

County of Greenville.....

Township of

or
Inc. Town ofCity of Greenville.....

(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

No. 22a — For State Registrar
28447

Registration District No.

Registered No.
(For use of Local Registrar)

(No. Calhoun)

St.; Ward)

(2) Full Name of Child Elisabeth Clementon

(If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Type or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept., 24, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Oscar Clementon(9) PRESENT RESIDENCE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Anderson Co. S. C.(13) OCCUPATION Lumber yard work(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Baker Clementon(15) PRESENT RESIDENCE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Anderson Co. S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M.
on the date above stated. (More than 4 hours) (Hour A. M. or P. M.)(23) (Signature) Hattie Gary(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife 832 Leach St.

Given name added from a supplemental report

(26) Witness

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

(27) Full Name C. E. Smith

(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.

... before the fifth month of pregnancy.