

Form No. 1.

(1) PLACE OF BIRTH

County of DeKalb  
Township of Buckner

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

59744

Inc. Town of ..... Registration District No. 1606 Registered No. 18  
(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 Clyton Commanden 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 1 1 6  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Commanden

(9) PRESENT POSTOFFICE OF FATHER Latta SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah McKay

(15) PRESENT POSTOFFICE OF MOTHER Latta SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(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 alive at 3 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Ann Manning

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

midwife

Latta SC

Given name added from a supplemental report

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

(27) Filed 4/6 1916 (28) E. B. Bidger 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. McCay of Columbia