

WRITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORDING
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 35213	
County of <u>Lancaster</u> Township of <u>Clinton</u> or Inc. Town of <u>Clinton</u> or City of <u>Clinton</u>		Registration District No. <u>9.12</u>		Registered No. <u>83</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>64</u> St.; <u>64</u> Ward)		(If child is not yet named, make supplemental report as directed)	
(2) Full Name of Child _____					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Dave Craig</u>			(14) NAME BEFORE MARRIAGE <u>Mary Lou Simpson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Clinton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Clinton S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>laborer</u>			(19) OCCUPATION <u>Wash & Iron</u>		
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>11</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9:45 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. L. W. Bailey M.D.</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Clinton S.C.</u>					
Given name added from a supplemental report			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
19 _____ Registrar			(27) Filed <u>Oct 4 22</u> at <u>74 W. Bailey</u> 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.					

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