

See vol 3 #2580

(1) PLACE OF BIRTH

County of Sumter
Township of Medfield
City of _____
(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

File No.—For State Registrar Only
9284

Registration District No. 4103 Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child Martha Clancy

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 (7) DATE OF BIRTH Jan 15 22
(Month) (Day) (Year)

FATHER

(8) FULL NAME William Clancy
(9) PRESENT POSTOFFICE OF FATHER Medfield SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE SC

MOTHER

(14) NAME BEFORE MARRIAGE Marie Franklin
(15) PRESENT POSTOFFICE OF MOTHER Medfield
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE SC

(13) OCCUPATION Saw Mill Laborer
(20) Number of children born to mother, including present birth 4

(19) OCCUPATION Domestic
(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 born on the date above stated.

(23) (Signature) M. E. McLeod (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Signature of _____ (27) _____

When there was no attending physician or midwife, the following statement, etc., should be made: If a child breathes even once, it must not be buried or given up for dead. No record is desired of an infant born dead.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

State of Columbia, Columbia, S. C.