

CERTIFICATE OF BIRTH

County of Alameda
Township of Alameda
or
Inc. Town of.....
or
City of

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

File No.—For State Registrar Only
12621

Registration District No. 210 Registered No. 4
(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 Clinton Truman If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 14</i> 19 <i>23</i> (Month) (Day) (Year)
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FATHER		MOTHER	
(13) FULL NAME	Bernard L. Brown	(14) NAME BEFORE MARRIAGE	Ernie B. McLaughlin

(1) PRESENT POSTOFFICE OF FATHER *La throul BC*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *21*
(Years)

(13) BIRTHPLACE AA-12 (14) BIRTHPLACE AA-12

(1b) OCCUPATION <i>Long Distance</i>	(1b) OCCUPATION <i>Housewife</i>
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(20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Atme at 10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) Naomi Kestner
(34) State whether Physician or Midwife (35) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed June 10 19 29 (28) Wm. Tyler
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.