

N. H.—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

County of Sumter  
 Township of 12.4.2.7  
 or  
 Inc. Town of.....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**20447**

Registration District No. 47.0.2 Registered No. 48  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Curley M. Clary 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 June 19, 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Abraham M. Clary</u>	14) NAME BEFORE MARRIAGE <u>Adrianna Felder</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Kingstree</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Kingstree</u>		
10) COLOR OR RACE <u>Negro</u> 11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	16) COLOR OR RACE <u>Negro</u> 17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
12) BIRTHPLACE <u>Windsburg</u>	18) BIRTHPLACE <u>Windsburg</u>		
13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Housekeeper</u>		
20) Number of children born to mother, including present birth <u>2</u>	21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 11:22 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie X. Wallace (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness C. M. Clary (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 27, 1922 (28) B. E. Clarkson 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.