CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4403

Registration District No. 02902 Registered No. 17
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Lamar

Township of Hunter
or
Inc. Town of .....
or
City of Clinton

(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 Thomas Allen Corley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH February 27th 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Benton Corley

(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Sumter County S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Azile Davis

(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Fairmont County S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [signature]

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Clinton S.C.

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

(27) Filed Mch. 5 1923 (28) J. H. Corley Local Registrar.

Given name added from a supplemental report

..... 19 .....
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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Form 5.0

N B—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1, THE OTHERS No. 2, etc., in question 5

WRITE PLAINLY, WITH PEN AND INK—DO NOT USE LEAD PENCIL. USE PERMANENT RECORD

MARGIN RESERVED FOR BINDING.