

Form No. 1.

(1) PLACE OF BIRTH
County of York
Township of York
or
Inc. Town of
or
City of (No.
(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
75294

Registration District No. 4408 Registered No. 110
(For use of Local Registrar)
Worthy St.; Ward

(2) Full Name of Child. Willie M. Clude { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 30 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joseph M. Clude
(9) PRESENT POSTOFFICE OF FATHER York S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE York Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth { 7

MOTHER.
(14) NAME BEFORE MARRIAGE Ruby Worthy
(15) PRESENT POSTOFFICE OF MOTHER York S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE York Co. S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth { 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) May Anderson
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 1 1916 (28) J. S. Anderson 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
[Caw, of Columbia.