

FORM NO. 2

## (1) PLACE OF BIRTH

County of AndersonTownship of SaranacInc. Town of \_\_\_\_\_  
or \_\_\_\_\_

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

63062

Registration District No. 311Registered No. 45  
(For use of Local Registrar)

St.; \_\_\_\_\_ Ward)

## (2) Full Name of Child

Clemon Donald

If child is not yet named, make supplemental report as directed

(3) BOY OR  
Boy(4) Twin  
or Triplet?(5) Number in  
order of birth

Is to be answered only in case of Twin or Triplet

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH June 15 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEClemon Donald(9) PRESENT  
POSTOFFICE  
OF FATHERStark SC(10) COLOR  
OR  
RACEColoured(11) AGE AT LAST  
BIRTHDAY 22  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

farming(14) Number of children born to  
mother, including present birth1

## MOTHER.

(14) NAME BEFORE  
MARRIAGESallie Brown(15) PRESENT  
POSTOFFICE  
OF MOTHERStark SC(16) COLOR  
OR  
RACEColoured(17) AGE AT LAST  
BIRTHDAY 15  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

housekeeper(20) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Jane X Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Stark SCGiven name added from a supplement-  
al report

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Registrar

(26) Witness

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

(27) Filed

June 15 1914

(28)

J. H. Jones  
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.MAKING PREPARED FOR PRINTING. WITH UNFOLDING INK—THIS IS THE ONLY MEANS FOR EACH CHILD, AND MARK THE  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, No. 2, etc. In question 2,  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2,  
McCurdy of Columbia.