

FORM NO. 2.

(1) PLACE OF BIRTH

County of AndersonTownship of Saranac

Inc. 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. 311 Registered No. 4 Co
(For use of Local Registrar)(2) Full Name of Child. Clemon Donald

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(2) FULL NAME Clemon Donald(9) PRESENT POSTOFFICE OF FATHER Stark SC(10) COLOR OR RACE Coloured

(12) BIRTHPLACE

(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Brown(15) PRESENT POSTOFFICE OF MOTHER Stark SC(16) COLOR OR RACE Colored

(18) BIRTHPLACE

(19) OCCUPATION housekeeper(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at Stark M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Jane Allen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Stark SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filled James H. Jones

(28)

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.

MARKED PRESERVED FOR RE-ENTRY. WITH UNPAID INK—THIS IS THE SIGN. FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE SIGN FOR EACH CHILD.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8.
 McCray of Columbia.