

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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 the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McClaw, of Columbia.

## (1) PLACE OF BIRTH

County of HosierTownship of LynchInc. TOWN of .....  
or

City of ..... (No. .... St.; ..... Ward)

(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  
72765Registration District No. 2010 Registered No. 57  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 5, 1916</u> (Name of Month) (Day) (Year)
------------------------------	----------------------	------------------------------	-------------------------------------	---

## FATHER.

## MOTHER.

(8) FULL NAME Claude A. Timmons(14) NAME BEFORE MARRIAGE Parah R. Finkler(9) PRESENT POSTOFFICE OF FATHER Cowards St.(15) PRESENT POSTOFFICE OF MOTHER Cowards St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S. C.(18) BIRTHPLACE St.(13) OCCUPATION Deeaman(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. M. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Scranton S.C.

Given name added from a supplemental report

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

(27) Filed Aug 8 - 6 (28) E. L. Montgomery 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.