

(1) PLACE OF BIRTH

County of Anderson

Township of Martine

or
Inc. Town of
or

City of _____ (No. _____) (For use of Local Registrar)
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

9918

Registration District No. 207 Registered No. 28

City of _____ (No. _____) (For use of Local Registrar)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child s. s. Lea Clarkscales If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? _____ (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Y (7) DATE OF BIRTH Nov 28 22
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Lea Clarkscales

(14) NAME BEFORE MARRIAGE Viola Hatten

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

(15) PRESENT POSTOFFICE OF MOTHER Lea # 4, H. S. C.

(10) COLOR OF RACE _____ (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OF RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Anderson, S.C.

(18) BIRTHPLACE Anderson, S.C.

(13) OCCUPATION _____

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive at 1 P. M. (Hour A. M. or P. M.) (Born alive or stillborn) on the date above stated.

(23) (Signature) Clarkscales (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lea # 4, H. S. C.

When name added from a supplemental report _____

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) _____

(27) W. H. P. Plouffe (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.

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