

## (1) PLACE OF BIRTH

County of Dan. Carter  
 Township of Flat Creek  
 or  
 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

4726

Registration District No. .... Registered No. 23 ....  
 (For use of Local Registrar)

## (2) Full Name of Child

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 6, 1927</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Willie Clyburn</u>			14) NAME BEFORE MARRIAGE <u>Father James</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Northwood</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Northwood</u>	
10) COLOR OR RACE <u>negro</u>	11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	16) COLOR OR RACE <u>negro</u>	17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>7</u>			21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. B. James

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Northwood

Given name added from a supplemen-  
 tal report

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

(27) Filed Feb. 1927 (28) E. J. Taylor  
 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.

MAINTAIN PRESERVED FOR RECORDS  
 THESE FORMS, WHEN ENTITLED TO, ARE TO BE FILED IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 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.  
 DEPT. OF COLUMBIA, COLUMBIA, S. C.