

1 PLACE OF BIRTH

City of Rocky MountTownship of SouthThe Town of Rocky MountCity of Rocky Mount

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22

File No. - For State Registrar Only

10084

Registered No. 19
(For use of Local Registrar)(No. 19 of 22 Ward)
(If child is not yet named, make up for later report as directed)2 Full Name of Child John A. Clinton3 Sex Male 5 Number in
order of birth
To be answered only in event of Twins or Triplets6 Are
Parents
Married? Yes71 DATE OF
BIRTH Apr 10 1922
(Name) (Month) (Day) (Year)

FATHER.

8 NAME John A. Clinton9 PRESENT
POST OFFICE
OF FATHER Rocky Mount, S.C.10 COLOR
OR
RACE White11 BIRTHPLACE Rocky Mount, S.C.12 OCCUPATION Farmer13 Number of children born to
mother, recent birth

MOTHER.

14 NAME BEFORE
MARRIAGE Marie Hudson15 PRESENT
POST OFFICE
OF MOTHER Rocky Mount, S.C.16 COLOR
OR
RACE White17 AGE AT LAST
BIRTHDAY 25
(Year)18 BIRTHPLACE Rocky Mount, S.C.19 OCCUPATION Housewife20 Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:10 P.M.
on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) Indira W. De
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Rocky Mount, S.C.Given name added from a supplement-
al report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)
J. Keyserling(27) Filed Apr 19 1922 (28) Marie Hudson
Registrar. 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.