

(1) PLACE OF BIRTH

County of Weldon
Township of Boysville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

79554

Inc. Town of Boysville Registration District No. H.R. Registered No. 64
(For use of Local Registrar)
City of Boysville (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Miss Lee Clayton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 24, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Johnson Clayton

(9) PRESENT POSTOFFICE OF FATHER Boysville, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE N. Carolina

(13) OCCUPATION Mechanic

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

MOTHER.

(14) NAME BEFORE MARRIAGE Janis Hindman

(15) PRESENT POSTOFFICE OF MOTHER Boysville, S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Spaulding Co., S.C.

(19) OCCUPATION Wages Miss

(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 born alive at 6:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. R. Perryman, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Boysville, 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 Sept 1, 1916 (28) J. L. Redwood 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.

WHILE 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 IT FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Sav. of Columbia