

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 Corryville
Township of Savannah
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43000

Registration District No. 2206 Registered No. 101
(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 Clyde Troops Hartsus If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 7th</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Clyde Lafayette Hartsus</u>	(14) NAME BEFORE MARRIAGE <u>Harry Lee Eliza Woods</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Mountain Inn S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mountain Inn S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)			
(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>			
(19) OCCUPATION <u>Housewife</u>	(20) Number of children of this mother now living, including present birth <u>1</u>			
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at Mountain Inn S.C. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) F. B. Stewart
(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Mountain Inn S.C.

Given name added from a supplemental report
..... 181.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 10 1916 (28) F. B. Stewart 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.