

(1) PLACE OF BIRTH

County of Myrtle

Township of

or
Inc. Town ofor
City of Myrtle

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Boyce Clum

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>41</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18 1922</u> (Name of Month) (Day) (Year)
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FATHER (8) FULL NAME <u>Les. Hastington Clum</u>		MOTHER (14) NAME BEFORE MARRIAGE <u>Carrie Conard</u>	
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(9) PRESENT POSTOFFICE OF FATHER <u>Myrtle</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Myrtle</u>	
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(10) COLOR OR RACE <u>N.</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>N.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
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(12) BIRTHPLACE <u>Ref. Bld. Myrtle</u>	(18) BIRTHPLACE <u>New Port, Tenn.</u>
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(13) OCCUPATION <u>Extn.</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. [Signature](24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Myrtle

Given name added from a supplemental report

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

(27) Filed Jan 18 1922 (28) Mrs. [Signature] 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.