

## (1) PLACE OF BIRTH

County of CharlestonTownship of Rowville

or

Ine. 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

14275

Registration District No. 1108Registered No. 63  
(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 Boy4. Twin or Triplet? No(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH May 18 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John H. Clary(9) PRESENT POSTOFFICE OF FATHER Great Falls, Ga.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Columbia, S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Gladden(15) PRESENT POSTOFFICE OF MOTHER Great Falls, Ga.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 16  
(Years)(18) BIRTHPLACE Columbia, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive or stillborn at 10:00 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) O. J. Thomas(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Great Falls, Ga.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/2122

(28)

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.