

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.
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(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Flournoe</u>		STATE OF SOUTH CAROLINA		34363	
Township of <u>Back Swamp</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>1st</u>		Registered No.	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)		(No.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Albert Clifford</u>		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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 28 1922</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Percy Clifford</u>		(14) NAME BEFORE MARRIAGE <u>Adeline Scott</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Flournoe S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Flournoe S. C.</u>			
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>36</u>		(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>Flournoe Co</u>		(17) AGE AT LAST BIRTHDAY <u>17</u>		(18) BIRTHPLACE <u>Clarke Plantation</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Labourer</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) 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 <u>Albert</u> at <u>9 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. S. Alford</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Flournoe S. C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 <u>1922</u> Registrar		(27) Filed <u>Oct 25 1922</u> (28) <u>A. J. N. Baer</u> 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 required of stillbirths before the fifth month of pregnancy.					