

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child Francis Walpole Clement JrFile No.—For State Registrar Only
17864CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 9 ARegistered No. 841
(For use of Local Registrar)(No. Mercy Maternity Hospital Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet? X(5) Number in order of birth 2
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH June 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Walpole Clement(9) PRESENT POSTOFFICE OF FATHER 166 Queen St City(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Wadmalaw Island S.C.(13) OCCUPATION Book keeper(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Hampton Clement(15) PRESENT POSTOFFICE OF MOTHER 166 Queen St City(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Charleston So. Ca.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive June 1, 1922 at 3:35 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 277 Calhoun St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/20/22

(28) 19

(29) 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.

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