

Form No 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairviewor
Inc. Town of St. Ann S.C.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

46346

Registration District No. 2206 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Cliver C. Compton { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? One (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 1st 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Waddie Compton(9) PRESENT POSTOFFICE OF FATHER Belton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Mill Operative(20) Number of children born to mother, including present birth { One }

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Major(15) PRESENT POSTOFFICE OF MOTHER Belton(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Mill Operative(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 alive, at 4:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Barkdale negro

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife St. Ann, S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Feb 10 1916 (28) D. B. Duckett 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
GIVE PLACE OF BIRTH FOR EACH CHILD, AND MARK THE
DATE OF BIRTH FOR EACH CHILD, AND MARK THE
DATE OF BIRTH FOR EACH CHILD, AND MARK THE