

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

22054

Registration District No. Registered No. 1411
(For use of Local Registrar)

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

2) Full Name of Child, Jas. Aiken M. Clintock If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1922
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Jas. Aiken M. Clintock (14) NAME BEFORE MARRIAGE Nina Stevenson(9) PRESENT POSTOFFICE OF FATHER Pinus bro, S.C. (15) PRESENT POSTOFFICE OF MOTHER Pinus bro, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years) (Years)(12) BIRTHPLACE Laurens Co (18) BIRTHPLACE Fairfield Co(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2 (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 born alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. A. ...

Given name added from a supplemental report

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

(27) Filed 191... (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.

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.