

(1) PLACE OF BIRTH

County of Porter
 Township of Amherst
 or
 the Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for this Register

33841

Registration District No. 40Registered No. 167
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clarence Earl

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

(3) SEX Boy (4) Type of Trunk To be covered only in case of Trunk or Trunk (5) Eyes yes (6) DATE OF BIRTH Sept 23, 1923
 (Name of Child) (Sex) (Year)

FATHER

(7) FULL NAME Boyd Earl(8) PRESENT RESIDENCE OF FATHER Immense R 2(9) COLOR Col (10) AGE AT LAST BIRTHDAY 28
 (Year)(11) BIRTHPLACE Id.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Monie Nesbitt(15) PRESENT RESIDENCE OF MOTHER Immense R 2(16) COLOR Col (17) AGE AT LAST BIRTHDAY 36
 (Year)(18) BIRTHPLACE Id.(19) OCCUPATION Housewife Field Hand(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was normal at 8 P. M.
 on the date above stated. (born alive or stillborn) (Time A. M. or P. M.)(22) (Signature) W. A. Thompson (23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Immense R 2

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed "Physician")

(26) Date Oct. 12, 1923 (27) Local Registrar W. A. Thompson

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.