

MAILED PRESERVED FOR INDEXING.
 WHEN RECEIVED WITH PAYING IN—THEN IN A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS, MAKE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Shandonburg
 Township of Amphibello
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

Registration District No. 40-8 Registered No. 5
 (For use of Local Registrar)

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

(2) Full Name of Child

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
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Jan 12 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Albert D. Clement
 9. PRESENT POSTOFFICE OF FATHER Inman, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE Sue Kate Bush
 (15) PRESENT POSTOFFICE OF MOTHER Inman, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

20. Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M., on the date above stated. (Hour M. or P. M.)

(23) (Signature) Jas. H. Lumsden
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Inman, S.C.

Given name added from a supplemental report

(26) Witness
 Signature of Witness necessary only when question 22 is signed by male

(27) Filed Jan 12 1922 (28) E. A. Capers 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.