

## (1) PLACE OF BIRTH

County of *Charleston*

Township of .....

or  
Inc. Town of .....City of *Charleston S.C.*

(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

80518

Registration District No. *9A*Registered No. *1107*

(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child *Julian Clayton*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) *October 4, 1916*

## FATHER.

(8) FULL NAME

*Allen Clayton*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston S.C.*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTHPLACE

*Mount Pleasant S.C.*

(13) OCCUPATION

*Day Labor*(20) Number of children born to mother, including present birth *One (1)*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Frances Haynes*

(15) PRESENT POSTOFFICE OF MOTHER

*Charleston S.C.*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE

*Charleston S.C.*

(19) OCCUPATION

*House work*(21) Number of children of this mother now living, including present birth *One (1)*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at *7:15 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *R.D. Preston M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Physician 377 Calhoun St.*

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 *10/16/16*

1916

(28) *J. Marcus Green M.D.*

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.

\*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.

Registrar

Filed *10/31*19 *16**J.M. Green, M.D.*

Corrected

MIN 20 1940

*LEON SANDY, M.D.*

REGISTERAR