

(1) PLACE OF BIRTH :

County LanierTownship of 8Inc. Town ofCity 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

Registration District No. 1597

File No.—For State Registrar Only

32060

Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child Clare Hobson

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

3. SEX GIRL	4. Twin or Triplet To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married	7. DATE OF BIRTH (Name of Month) (Day) (Year)
				<u>Sept 20 1923</u>

FATHER.

9. FULL NAME Hobson Hobson10. PRESENT POSTOFFICE OF FATHER11. COLOR OR RACE 12. AGE AT LAST BIRTHDAY 22 (Years)13. BIRTHPLACE S.C.14. OCCUPATION Day Laborer15. Number of children born to mother, including present birth 1

MOTHER.

16. NAME BEFORE MARRIAGE Ninnie Land17. PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C.18. COLOR OR RACE 19. AGE AT LAST BIRTHDAY 20 (Years)20. BIRTHPLACE S.C.21. OCCUPATION22. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Jas F. Hobson(25) State South Carolina

(26) Address of Physician or Midwife

Ridgeway, S.C.

(Given name added from a supplemental report)

(27) Witness

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

(28) Filed 10/23 23(29) J. E. Hobson 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.