

McCauley, with UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA.		70298	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>40-a</u>		Registered No. <u>357</u>	
or				(For use of Local Registrar)	
City of <u>Greenville</u>		(No. <u>deputy</u>)		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 <u>Laurie Clayton</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1917</u>	
		To be answered only in event of twins or triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Fleet Clayton</u>			(14) NAME BEFORE MARRIAGE <u>Laurie Tarver</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Marlborough S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg, S.C.</u>		
(10) COLOR OR RACE <u>W</u>			(17) AGE AT LAST BIRTHDAY <u>22</u>		
(11) AGE AT LAST BIRTHDAY (Years) <u>26</u>			(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>McDowell N.C.</u>			(18) BIRTHPLACE <u>Spartanburg S.C.</u>		
(13) OCCUPATION <u>Laundryman</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at on the date above stated.					
(23) (Signature) <u>See Allisant</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Spartanburg, S.C.</u>					
Given name added from a supplemental report					
..... 2/17/17 191.....					
(26) Witness <u>M. B. Woodward</u>					
(27) Filed <u>Aug 1 1916</u> (28) <u>Jos Cope</u>					
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.