

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly Hillor Inc. Town of Holly Hillor City of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609

File No.—For State Registrar Only

19698

Registered No. 81
(For use of Local Registrar)(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 Clara Mae Sweet (If child is not yet named, make supplemental report as directed)(3) SEX OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 7, 1927
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>James Sweet</u>	(14) NAME BEFORE MARRIAGE <u>Polly Thompson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Holly Hill S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Holly Hill S.C.</u>	(16) COLOR OR RACE <u>Negro</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer Hand</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(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>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer Hand</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Louise above at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Clara X Thomas(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Deesman

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

June 30, 1927(27) Local Registrar H. M. Deesman

*When there was no ... should make this return. If a child breathes ... before the first month of pregnancy.