

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of twins, give the name of each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 2.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Edisto
or
Inc. Town of Edisto
or
City of Edisto

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16210

Registration District No. 7606 Registered No. 47
(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 James Clyde

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

(3) SEX OR Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 1 year (7) DATE OF BIRTH Mar 20 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Clyde
(9) PRESENT POSTOFFICE OF FATHER Edisto S C
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Clyde
(15) PRESENT POSTOFFICE OF MOTHER Edisto S C
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Addie James
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edisto

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
(27) May 25 1922 (28) H. J. Hester 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.