

(1) PLACE OF BIRTH

County of Richland
Township of Clinton
OF
Inc. Town of Clinton
OF
City of Clinton

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar

12557

Registration District No. 380

Registered No.
(For use of Local Registrar)

(2) Full Name of Child Clarence Sarpotas

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

(3) SEX OR
GUILD Boy

(4) Twin
or Triplet

(5) Number in
order of birth 2 of 2

(6) Yes yes

(7) DATE OF
BIRTH Oct. 31, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Fred Sarpotas

(9) PRESENT
POST OFFICE
OF FATHER Fortmott, S.C.

(10) COLOR
OR
RACE Colored

(11) AGE AT LAST
BIRTHDAY 37
(Years)

(12) BIRTHPLACE Fortmott

(13) OCCUPATION Engineer

(14) Number of children born to
mother, including present birth Two

MOTHER.

(15) NAME BEFORE
MARRIAGE Joanna Cereaux

(16) PRESENT
POST OFFICE
OF MOTHER Castover, S.C.

(17) COLOR
OR
RACE Colored

(18) AGE AT LAST
BIRTHDAY 28
(Years)

(19) BIRTHPLACE Castover, S.C.

(20) OCCUPATION

(21) Number of children of this mother
now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lorcas Cereaux

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Castover, S.C.

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed 11/1

1923

(28) DR. J. J. J. J.

When there was no attending physician or midwife, then the father, householder, etc., should make the report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
before the fifth month of pregnancy.