

## (1) PLACE OF BIRTH

County of Pender  
 Township of Belton  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

13562

Registration District No. 300Registered No. 556

(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 J. Clinchscale

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

1

6) Are Parents Married?

no

7) DATE OF

BIRTH Mar. 16, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Clarence Burn

9) PRESENT POSTOFFICE OF FATHER

Belton SC

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

12) BIRTHPLACE

Belton SC

13) OCCUPATION

Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emmie Clinchscale

(15) PRESENT POSTOFFICE OF MOTHER

Belton SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Belton SC

(19) OCCUPATION

Farming

20) Number of children born to mother, including present birth

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Clinchscale

(24) State whether, Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

J. J.

(26) Witness

L. J. Clinchscale  
(Signature of Witness necessary only when question 23 is signed by mark)19  
Registrar

(27) Filed

May 19, 1922

(28)

J. J. Clinchscale  
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.