

(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. 300 Registered No. 576
(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? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Mar. 16, 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Burns
(9) PRESENT POSTOFFICE OF FATHER Belton S C
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY (Years) _____
(12) BIRTHPLACE Belton S C
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Clinchscale
(15) PRESENT POSTOFFICE OF MOTHER Belton S C
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years) 17
(18) BIRTHPLACE Belton S C
(19) OCCUPATION Farming
(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) Lester Clinchscale
(24) State whether, Physician or Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report

J. S.
19 _____ Registrar

(26) Witness W. S. Stepteland
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 19, 1922 (28) Mrs. J. S. Stepteland
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes ever once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

STATE OF SOUTH CAROLINA - COLUMBIA, S. C.