

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Marion  
 Inc. Town of .....  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

38580

Registration District No. 397 Registered No. 72  
 (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 Baby Clamp

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

(1) Sex girl (2) Twin or Triplet ..... (3) Number in order of birth ..... (4) Age of mother 24 (5) DATE OF BIRTH July 28, 1923  
 To be answered only in event of Twin or Triplet (Time of Birth) (Day) (Year)

## FATHER

(6) FULL NAME Bert Clamp  
 (7) PRESENT POSTOFFICE OF FATHER Lawrence  
 (8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 32  
 (10) BIRTHPLACE Anderson Co.  
 (11) OCCUPATION Farmer

(12) Number of children born to mother, including present birth five

## MOTHER

(13) NAME BEFORE MARRIAGE Jessie Mitchell  
 (14) PRESENT POSTOFFICE OF MOTHER Lawrence  
 (15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 28  
 (17) BIRTHPLACE Anderson Co.  
 (18) OCCUPATION House wife  
 (19) Number of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(21) (Signature) J. C. Meyers M.D.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Anderson 28

Given name added from a supplemental report

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

(25) Jan 8 24 (26) R. P. Robinson 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.

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