

## (1) PLACE OF BIRTH

County of HamptonTownship of Pocotaligoor  
Inc. Town of Yemasseeor  
City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40941

Registration District No. 2403Registered No. 92  
(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 MARY CLAIRE ILBERTON

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

3 SEX OR  
ONLY

girl

4 Twin  
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married?

yes

(7) DATE OF

BIRTH Dec. 20, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL  
NAME

Ernest StC. Ilderton.

9 PRESENT  
POSTOFFICE  
OF FATHER

Yemassee, SC

10 COLOR  
OR  
RACE

white

(11) AGE AT LAST  
BIRTHDAY22  
(Years)

12 BIRTHPLACE

South Car

13 OCCUPATION

Clerk in gen'l store

20 Number of children born to  
mother, including present birth

One (1)

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

One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a.m.  
on the date above stated. (Born alive or stillborn (Hour, P. M. or A. M.))

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Yemassee, S.C.

Given name added from a supplement-  
al report

(26) Witness

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

(27) Filed

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(28)

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.