

(1) PLACE OF BIRTH

County of Berkeley
Township of St. StephenOR
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

63262

Registration District No. 705 Registered No. 36
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. _____ Ward _____

(2) Full Name of Child Arnold Harvey Cleveland (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 28 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arnold Cleveland(9) PRESENT POSTOFFICE OF FATHER Pineville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Idethia Crocker(15) PRESENT POSTOFFICE OF MOTHER Pineville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (If stillborn, state date and hour.)(23) (Signature) Delia X. Wearing(24) State whether Physician or Midwife midwife Address of Physician or Midwife Pineville, S.C.

Given name added from a supplemental report

(25) Witness R. M. Boykin

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

(26) Date July 6, 1916 (27) R. M. Boykin Local Registrar

WRITE PLAINLY, WITH SPREADING INK—THIS IS A PERMANENT REPORT.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

*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.