

Form No. 1

(1) PLACE OF BIRTH
 County of Beaufort
 Township of Helena
 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
41038

Registration District No. 604 Registered No. 200
 (For use of Local Registrar)

City of..... (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 Clarinda Bays (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 24 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Hilyard Bays
 (9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Victoria Washington
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38
(Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:00 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Sally Williams x Frogmore S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

 Registrar 19

(26) Witness N. King
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1.2.26 19 22 (28) S. J. Howard
 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.

THIS IS A PERMANENT RECORD. TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. MACAW OF COLUMBIA, COLUMBIA, S. C.