

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of 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.

Caw, of Columbia.

## (1) PLACE OF BIRTH

County of

*Orangeburg Union*

Township of

or

Inc. Town of

or

City of

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

## (2) Full Name of Child

*Clay Junior Perry*

File No.—For State Registrar Only

74288

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

3616

Registered No.

64

(For use of Local Registrar)

St.: ..... Ward)

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*June 25, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Lee Perry*

(9) PRESENT POSTOFFICE OF FATHER

*Cope R.R.D.*

(10) COLOR OR RACE

*Black*

(11) AGE AT LAST BIRTHDAY

*27*  
(Years)

(12) BIRTHPLACE

*Orangeburg Co*

(13) OCCUPATION

*Farming*

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

*One*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Linsie Goran*

(15) PRESENT POSTOFFICE OF MOTHER

*Cope R.R.D.*

(16) COLOR OR RACE

*Black*

(17) AGE AT LAST BIRTHDAY

*25*  
(Years)

(18) BIRTHPLACE

*Orangeburg Co.*

(19) OCCUPATION

*Housewife*

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

*One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *2 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rose X Perry*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*Cope R.R.D.*

Given name added from a supplemental report

(26) Witness

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

*R.K. Hoeneray*

(27) Filed

*Aug. 12, 1916*

(28)

*R.K. Hoeneray*

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.