

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Union  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
 74288

Registration District No. 3616 Registered No. 64 (For use of Local Registrar)

(2) Full Name of Child Clay Junior Perry { 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 25, 1916  
To be answered only in event of Twins or Triplets (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 Simmie Gorau  
 (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 (25) Address of Physician or Midwife

Midwife Cope R.R.D.

Given name added from a supplemental report

(26) Witness R.K. Hoeneray  
 (Signature of Witness necessary only when question 23 is signed by mark)

(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.

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.

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