

(1) PLACE OF BIRTH

County of DillonTownship of Halesville

Inc. Town of

City of

(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

64059

Registration District No. 1602 Registered No.

(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Clarence { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 13 (6) Are Parents Married? yes (7) DATE OF BIRTH June 28 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Henry(9) PRESENT POSTOFFICE OF FATHER Dillon R.F.D. 1 SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Lumbard S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Moore(15) PRESENT POSTOFFICE OF MOTHER Dillon R.F.D. 1 SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 46 (Years)(18) BIRTHPLACE Mt Vernon N.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maggie Manning Letta S.S.P.I.

(24) State whether Physician or Midwife (25) Address at Residence or Midwife

Given name added from a supplemental report

(26) Witness Emma Henry (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1 1916 (28) Local Registrar

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.