

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Williamston

Inc. Town of

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

38462

Registration District No. 32Registered No. 166
(For use of Local Registrar)(2) Full Name of Child Clarence Dandy

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

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet <u>-</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>3</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Dec 5 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Lo J. Creamer</u>		14) NAME BEFORE MARRIAGE <u>Iggie Black</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Peyser RFD</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Peyser RFD</u>		
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
12) BIRTHPLACE <u>Anderson County</u>		18) BIRTHPLACE <u>Anderson County</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Domestic</u>		
20) Number of children born to mother, including present birth <u>3</u>		21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 P. M., on the date above stated.
(Born alive or Stillborn) (Hour, M. or P. M.)(23) (Signature) W. R. Smoot

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Phys 14 S B

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 7 1924

(28)

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.