

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3 Mile
 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

40950

Registration District No. 404 Registered No. 121
 (For use of Local Registrar)

(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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 6th (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 30, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Laurie Rino Clayton
 (9) PRESENT POSTOFFICE OF FATHER Chesham S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (Year)
 (12) BIRTHPLACE Bamberg Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ana Bishop
 (15) PRESENT POSTOFFICE OF MOTHER Chesham S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
 (Year)
 (18) BIRTHPLACE Bamberg Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed

Jan 8, 1923 (28) W. D. Thimard 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.