

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Union  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

36018

Registration District No. 3616 Registered No. 83  
 (For use of Local Registrar)

City of ..... (No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nazabene Cleckley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Female (7) DATE OF BIRTH Oct 16 22  
 To be entered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Preston Cleckley  
 (9) PRESENT POSTOFFICE OF FATHER Cope SC RFD  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23  
 (Year) (12) BIRTHPLACE Orangeburg Co  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth Three

MOTHER  
 (14) NAME BEFORE MARRIAGE Bertha Jolley  
 (15) PRESENT POSTOFFICE OF MOTHER Cope SC RFD  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22  
 (Year) (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Laraine & Betty  
 (24) Name whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cope SC RFD

Given name added from a supplemental report

(26) Signature of Witness necessary only when question 25 is signed by nurse  
Oct 19, 22 (27) R. K. Curney  
 Local Registrar

\*When there was no attending physician or midwife, the report should be made by the mother, householder, etc. should make this return reported on children. The report is desired of stillbirths and deaths of pregnancies.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.