

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Durham  
 OF  
 Inc. Town of.....  
 OF  
 City of Clinton  
 (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

35214

Registration District No. 29B Registered No. 84  
 (For use of Local Registrar)  
 (No. 26 Beaujeu St.: 5 Ward)

## (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 To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 4 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Dellus  
 (9) PRESENT POSTOFFICE OF FATHER Clinton SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45  
 (Year)  
 (12) BIRTHPLACE N. C.  
 (13) OCCUPATION Textile Op.  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Barnes  
 (15) PRESENT POSTOFFICE OF MOTHER Clinton SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (18) BIRTHPLACE N. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. E. Overstreet  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

(26) Witness Charlie Dellus  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 4 22 (28) J. L. W. Bailey  
 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.

MARION RESERVED FOR INDEXING  
 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.