

WHEN TRANSFERRED TO THE REGISTRY, THIS CERTIFICATE IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lawrence
Township of Clinton
OR
Inc. Town of
OR
City of

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

Registration District No. a2902

File No.—For State Registrar Only
90616

Registered No. 166
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Claudie Hill
(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
(Years)
(12) BIRTHPLACE Newberry S.C.
(13) OCCUPATION farm
(20) Number of children born to mother, including present birth four

MOTHER.
(14) NAME BEFORE MARRIAGE Lucy Jenkins
(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Years)
(18) BIRTHPLACE Newberry S.C.
(19) OCCUPATION farm
(21) Number of children of this mother now living, including present birth four

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 A. M. or P. M.)

(23) (Signature) Lena Martin (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. L. H. Bailey
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 27 1916 (28) J. L. H. Bailey 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.

