

MARGIN 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 2.

(1) PLACE OF BIRTH

County of
Township of
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. 4.R.O. Registered No. 158
(For use of Local Registrar)

(2) Full Name of Child Arthur May Clayton
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(If child is not yet named, make supplemental report as directed)

(3) SEX <u>Male</u>	(4) Type or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex of Parent Married	(7) DATE OF BIRTH <u>11/19/23</u> (Month of Birth) (Day) (Year)
FATHER (8) NAME BEFORE MARRIAGE <u>Arthur May Clayton</u>			MOTHER (9) NAME BEFORE MARRIAGE <u>Anna Walker</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Col</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Col</u>	
(12) COLOR OR RACE <u>Col</u>			(13) COLOR OR RACE <u>Col</u>	
(14) BIRTHPLACE			(15) BIRTHPLACE	
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION	
(18) Number of children born to mother, including present birth <u>7</u>			(19) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at 10 P. M.
on the date above stated. (Born alive or stillborn) Alive A. M. or P. M.
(21) (Signature) Waverly Jeter
(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife

Given name added from a supplement-
al report
(24) Witness
(Signature of Witness necessary only
when question 23 is signed by clerk)
(25) Filed 12/1/23 (26) John C. Jones
Registrar Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

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