

## 1. PLACE OF BIRTH

County of Laurens  
 Township of Hunter  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Clinton

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 29B Registered No. 44(No. 18 Beauregard St. 5 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.

1. BOY OR GIRL Boy

4. Twin or Triplet?

3. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

Name of Month Dec. (Day) 20 (Year) 1928

To be answered only in event of Twins or Triplets

## FATHER

## MOTHER

8. FULL NAME Pro. Burbage Diggers14. NAME BEFORE MARRIAGE Grace Stennett9. PRESENT POSTOFFICE OF FATHER Clinton S.C.15. PRESENT POSTOFFICE OF MOTHER Clinton S.C.10. COLOR OR RACE white11. AGE AT LAST BIRTHDAY 36 (Years)16. COLOR OR RACE white17. AGE AT LAST BIRTHDAY 29 (Years)12. BIRTHPLACE S.C.18. BIRTHPLACE Tenn.13. OCCUPATION Teacher19. OCCUPATION Domestic20. Number of children born to mother, including present birth 721. Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at 2:50 P.M. on the date above stated.

(Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature J. V. Bailey

24. State whether Physician or Midwife

25. Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

26. Witness

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

27. Filed Aug 1 192428. J. V. Bailey Local Registrar

.19 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.

MARGIN REMOVED FOR BINDING  
 WHEN PLAINLY WITH IMPAIRMENT, THE FORM IS A PERMANENT RECORD, AND MUST BE  
 IN CASE OF TWINS - TRIPLETS - SEPARATE REPORTS BE MADE FOR EACH CHILD, AND EACH  
 FIRST BORN, NO. 1. THE OTHER, NO. 2, OR, IN QUESTION 1.