

MARGIN RESERVED FOR BINDING.
WHITE PLAINS. WITH ENLARGING 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 6

(1) PLACE OF BIRTH
County of Anderson.....
Township of Corner.....
or
Inc. Town of Law.....
or
City of (No. St.; Ward)
(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

Registration District No. 304... Registered No. 12.....
(For use of Local Registrar)

(2) Full Name of Child O. C. Clinchscale..... (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 5- (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 5-1912
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME Lahn Clinchscale.....
9) PRESENT POSTOFFICE OF FATHER Law, S.C......
10) COLOR OR RACE Colord. (11) AGE AT LAST BIRTHDAY 39.....
(Years)
12) BIRTHPLACE Anderson, S.C......
13) OCCUPATION Farming.....
23) Number of children born to mother, including present birth 5-.....

MOTHER
(14) NAME BEFORE MARRIAGE Leola Dennis.....
(15) PRESENT POSTOFFICE OF MOTHER Law, S.C......
(16) COLOR OR RACE Colord. (17) AGE AT LAST BIRTHDAY 34.....
(Years)
(18) BIRTHPLACE Anderson, S.C......
(19) OCCUPATION Farming.....
(21) Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Born alive..... at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Calhoun Gains.....
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Law, 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 Feb. 12 1912 (28) S. M. McAdams 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.