

(1) PLACE OF BIRTH

County of UnionTownship of H.aph.

or

Inc. Town of

or

City of (No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jessamine C. Clarkson

File No.—For State Registrar Only

50675

Registered No. 713

(For use of Local Registrar)

St.; .... Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

X

(5) Number in order of birth

1

(6) Are Parents Married?

Y

(7) DATE OF BIRTH

July 24

(Name of Month) (Day) (Year)

1914

## FATHER.

(8) FULL NAME

Thos A. Clarkson

(9) PRESENT POSTOFFICE OF FATHER

Greelyville

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sally H. Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Greelyville

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

La. A. C. H. Boyd, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sallies S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

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

(27) Filed

July 25, 1914(28) E. Taylor, M.D.

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.

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MAINLINE REGISTERED FIRST BIRTHS. WHEN MALE. WHEN FEMALE. WHEN TWINS OR TRIPLETS. THIS IS A PERMANENT RECORD. M.F.—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.