

MARGIN RESERVED FOR BINDING.
 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health	
County of <u>Lauderdale</u>	Township of <u>Hunter</u>	Registration District No. <u>2912</u>	Registered No. <u>2</u>	(For use of Local Registrar)	
Inc. Town of <u>Clinton</u>	City of <u>Clinton</u>	(No. <u>26</u> <u>Sloane</u> St.; <u>5</u> Ward)	(If child is not yet named, make supplemental report as directed)		
(2) Full Name of Child					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 24 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Elder Painter</u>			(14) NAME BEFORE MARRIAGE <u>Mollie Ophelia Shoud</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Clinton SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Clinton SC.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>Spartanburg Co. S.C.</u>		
(13) OCCUPATION <u>Cotton mill op.</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>1:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. Lee Young, M.D.</u>					
(24) State whether <u>Physician</u> or Midwife					
(25) Address of Physician or Midwife <u>Clinton SC.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>17</u> Registrar			(27) Filed <u>Jan 30 1917</u> (28) <u>J. W. Bailey</u> 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.					