

FORM NO. 5.

(1) PLACE OF BIRTH

County of Hampton

Township of Puplis

or  
Inc. Town of .....

or  
City of .....

(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

File No.—For State Registrar Only

77475

Registration District No. 2402 Registered No. 191

(For use of Local Registrar)

(2) Full Name of Child Phillip Clifton } 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 ..... (6) Are Parents Married? no (7) DATE OF BIRTH Sept 10 1946  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME NOT known

(9) PRESENT POSTOFFICE OF FATHER don't know

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY don't know (Years)

(12) BIRTHPLACE don't know

(13) OCCUPATION "

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

MOTHER.

(14) NAME BEFORE MARRIAGE Corice Clifton

(15) PRESENT POSTOFFICE OF MOTHER Hampton SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Puplis Township

(19) OCCUPATION work about the home place

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 11-30 PM (Hour A. M. or P. M.) on the date above stated. (Born alive yes)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hampton SC

Given name added from a supplemental report

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

(27) Filed Sept 28 1946 (28) [Signature] 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.

before the ninth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. NB—Include 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. McCaw, of Columbia.