

FORM NO. 5.

(1) PLACE OF BIRTH

County of HamptonTownship of Puplisor
Inc. Town of

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?

1

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 101916

(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

don't know

MOTHER.

(14) NAME BEFORE MARRIAGE

Conice 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 house & place

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

1

(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 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

W. H. Allen M.D.

(24) State whether Physician or 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)

(27) Filed

Sept 28 1916

(28)

F. W. Rogers

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 fifth month of pregnancy.

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