

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Department of Health

No. for State Registrar Only  
43798

County of Hillman

Township of Carmichael

Inc. Town of .....

City of .....

Registration District No. 16A.1

Registered No. ....  
(For use of Local Registrar)

(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 Clayton Allen

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

(3) SEX OR CHILD girl (4) Twin or Triplet Neither (5) Number in order of birth 2nd (6) Are Parents Married yes (7) DATE OF BIRTH June 6 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Shelley Allen

MOTHER.  
(14) NAME BEFORE MARRIAGE Isla Hays

(9) PRESENT POSTOFFICE OF FATHER Hillman S.C.

(15) PRESENT POSTOFFICE OF MOTHER Hillman S.C.

(16) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE Hillman County

(16) BIRTHPLACE Hillman Co

(13) OCCUPATION Farmer

(18) OCCUPATION House work

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. F. Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Hillman S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 9-24-22

(28) W. H. Campbell  
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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