

(1) PLACE OF BIRTH

County of Anderson
 Township of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—for State Register Only

2801

Inc. Town of Registration District No. 305 Registered No. 18
 or (For use of Local Registrar)
 City of (No.) (St.) (Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are parent married? <u>Yes</u>	(5) DATE OF BIRTH <u>Jan 19 23</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
(6) FULL NAME <u>Clyde Alwin</u>		(14) NAME BEFORE MARRIAGE <u>Lois Rollan</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Clarksville Ga</u>		(16) PRESENT POSTOFFICE OF MOTHER <u>Townville SC</u>		
(10) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Ga</u>		(18) BIRTHPLACE <u>Ga</u>		
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness
 (Signature of witness necessary only
 when children are stillborn or dead)

(27) State Prob. No. and Date
Prob. No. 10-10-23. Date J. P. Halligan

*When there was no attending physician or midwife, the birth must be reported by the mother or a child attendant.