

(1) PLACE OF BIRTH

County of AndersonTownship of BeltonOR
Inc. Town ofOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

28735

Registration District No. 300 Registered No. 146
(For use of Local Registrar)(No. Wich 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 Willie Clinchscale (If child is not yet named, make supplemental report as directed)

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|----------------------------|----------------------|------------------------------|------------------------------------|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>no</u> | (7) DATE OF BIRTH <u>Sept. 8, 1922</u> (Name of Month) (Day) (Year) |
|----------------------------|----------------------|------------------------------|------------------------------------|--|

FATHER

(8) FULL NAME Willie Clinchscale(9) PRESENT POSTOFFICE OF FATHER Belton(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Belton(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Ega Weik(15) PRESENT POSTOFFICE OF MOTHER Belton(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Belton(19) OCCUPATION Farmhouse(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDANCE BY PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

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| Signature of Physician or Midwife | Signature of Mother |
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| Signature of Registrar | Signature of Father |
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| Signature of Registrar | Signature of Father |
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