

## (1) PLACE OF BIRTH

County of Chester

Township of .....

In. Town of .....

City of Chester

(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 Register Only

3351

(2) Full Name of Child Dorothy Ross Clinton If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Girl (4) Twin Twins (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26 1923 (Name of Month) (Day) (Year)(8) FULL NAME Henry M. Fadden Clinton(9) PRESENT POSTOFFICE OF FATHER Chester(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE York Co.(13) OCCUPATION Mill work(14) Number of children born to mother, including present birth 3(10) NAME BEFORE MARRIAGE Ruth Williams(11) PRESENT POSTOFFICE OF MOTHER Chester(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 23 (Years)(14) BIRTHPLACE Chesterfield Co.(15) OCCUPATION Domestic(16) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Alive at 2:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(19) (Signature) Wm. Ross(20) State whether Physician or Midwife (21) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

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Registrar

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

(23) Filed Mar 7 1923 (24) Wm. Ross 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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