

(1) PLACE OF BIRTH

County of Clayton  
Township of Hammer Swamp  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only

3784

Registration District No. 1315B Registered No. 51  
(For use of Local Registrar)

City of ..... (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 Joe Mc. Clay (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Parents Married? Yes (7) DATE OF BIRTH Feb. 24, 19... 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ode Mc. Clay  
(9) PRESENT POSTOFFICE OF FATHER Silver SC  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
(Years)  
(12) BIRTHPLACE Clayton  
(13) OCCUPATION Teacher

MOTHER.  
(14) NAME BEFORE MARRIAGE Nancy Mc. Clay  
(15) PRESENT POSTOFFICE OF MOTHER Silver SC  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29  
(Years)  
(18) BIRTHPLACE Clayton  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Seven (21) Number of children of this mother now living, including present birth Seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ..... Alive ..... at ..... 8 ..... M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilli Hutto  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Silver SC

Given name added from a supplemental report  
.....  
..... 19...  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb. 24, 19... 22 (28) A. J. White 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.

VIRGIN WALKER FOR PUBLIC HEALTH

STATE BOARD OF HEALTH, COLUMBIA, S. C.

BUREAU OF STATISTICS, COLUMBIA, S. C.