

1. PLACE OF BIRTH

County of Charleston

Township of _____

or _____

Incl. Town of _____

or _____

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9-A

FILE No.—For State Registrar Only

29197Registered No. 119/1322

(For use of Local Registrar)

(No. 166 St Philip St.

Ward)

2. FULL NAME OF CHILD

CATHERINE CLAY

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

a. Boy or Girl GIRL

b. Plural births

4. Twin, triplet or other _____

6. Premature _____

7. Are Parents _____

8. Date of birth

September 5, 1922

(Month, day, year)

c. Full name

FATHER

Arthur Clay

18. Name before marriage

MOTHER

Annie Richards

10. Residence (mailing address)

(If non-resident, give place and State) 166 St Philip St.

19. Residence (mailing address)

(If non-resident, give place and State) 166 St Philip St.11. Color or race negro12. Age at last birthday 28 (Years)20. Color or race negro21. Age at last birthday 25 (Years)

13. Birthplace (city or place)

Charleston

(State or country)

S.C.

22. Birthplace (city or place)

Charleston

(State or country)

S.C.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

19.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Domestic

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19.

27. Number of children of this mother

(At time of birth and including this child) 5a (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn,

period of gestation _____

months

weeks

29. Cause of stillbirth _____

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6:30 A.M. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date. (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from

a supplementary report _____

(Date of)

Registrar.

(Signed) _____

or _____

Address Charleston, S.C.Filed 9/11, 19 22 J.M. Green M.D.Corrected NOV 2