

(1) PLACE OF BIRTH

County of **Lexington,**
Gilbert Hollow
 Township of
 or
 Inc. Town of
 or
 City of

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

Registration District No. **5107**

File No.—For State Registrar Only
43520

Registered No. **94**
 (For use of Local Registrar)

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

(2) Full Name of Child **Clarence Bobo**

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

3) BOY OR GIRL **Girl** 4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Nov. 8, 1927**
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Yoney Bobo,**
 (9) PRESENT POSTOFFICE OF FATHER **Leesville, S.C.**
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **24**
 (Year)
 (12) BIRTHPLACE **S.C.**
 (13) OCCUPATION **Farmer**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Sallie M. Jones,**
 (15) PRESENT POSTOFFICE OF MOTHER **Leesville, S.C.**
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **19**
 (Year)
 (18) BIRTHPLACE **S.C.**
 (19) OCCUPATION **House Wife,**
 (20) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Alive, 10P

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

Ida Devenport,

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Leesville, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed **11-18**

1927

(28)

P. O. Shealy

(29)

Local Registrar

11-18

1927

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1927

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*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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.