CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3053

(1) PLACE OF BIRTH

County of Anderson

Township of Honea Path

or

Inc. Town of ..... Registration District No. 307 Registered No. 27
(For use of Local Registrar)

or

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 Cliff Fair

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? (In the answers only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH Feb. 19, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Ira Donnald	(14) NAME BEFORE MARRIAGE Mary Fair
(9) PRESENT POSTOFFICE OF FATHER Honea Path	(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Anderson Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) John W. Williams

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

..... 191...

..... Registrar

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

(27) Filed Mch 7 1922 (28) L A Williams 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.

Registrar ..... (27) Filed ..... Local Registrar.

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PATENT-HOOK N. No. 1. THIS OFFICIAL No. 2, etc., in question 8.

In case of TWINS OR TRIPLETS use a MISCELLANEOUS BLANK for each child, and mark the ... BLANKS in TRIPLICATE.

District of Columbia