

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## (2) Full Name of Child

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Azariah Clifton

(9) PRESENT POSTOFFICE OF FATHER

Riverside S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

2.6 (Years)

(12) BIRTHPLACE

Lancaster Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucie Clifton

(15) PRESENT POSTOFFICE OF MOTHER

Riverside S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

2.5 (Years)

(18) BIRTHPLACE

Lancaster Co.

(19) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Jane Stewart

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Riverside S.C.

Given name added from a supplemental report

(26) Witness

B. J. Richards

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

(27) Filed

May 25, 1922

(28)

B. J. Richards

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.