

MARGIN RESERVED FOR BENDING.

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.

DEPARTMENT OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA		83892	
Township of <u>Grimes</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4-11</u>		Registered No. <u>87</u>	
or				(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 <u>Jane Earl M. Clary</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Oct 1 1916</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas M. Clary</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Paul</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kingslee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingslee</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Williamsburg</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>farm hand</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 A.</u> M., on the date above stated.					
(23) (Signature) <u>Jane M. Paul</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>None</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)		
.....			(27) Filed <u>Oct 15 1916</u> (28) <u>W. E. Burdette</u> 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.

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