

(1) PLACE OF BIRTH
County of Charleston
Township of

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

File No.—For State Registrar Only
29151

Inc. Town of or
City of Charleston (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 9 A Registered No. 1273
(For use of Local Registrar)
No. Riverside Infirmary St.: Pine Ward)

(2) Full Name of Child Clarence Walter Inabinitte Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 14 - 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Clarence Walter Inabinitte
(9) PRESENT POSTOFFICE OF FATHER Meaggett, South Car.
(10) COLOR OR RACE White AGE AT LAST BIRTHDAY (Years)
(11) BIRTHPLACE Orangeburg, S. C.
(12) OCCUPATION Truck Farmer
(13) Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Shelley Dorothy Funchew
(15) PRESENT POSTOFFICE OF MOTHER Meaggett, S. C.
(16) COLOR OR RACE White AGE AT LAST BIRTHDAY (Years)
(17) BIRTHPLACE Orangeburg, S. C.
(18) OCCUPATION Housewife
(19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) J. A. Nason
(24) State whether Physician or Midwife (25) Address of Physician or Midwife City

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 9/15/22 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.

FIFTH MONTH OF PREGNANCY.

Registrar

Corrected NOV 8

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McKay of Columbia