

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

# 1. PLACE OF BIRTH

County of AIKEN  
Township of AIKEN  
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)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200

FILE No.—For State Registrar Only

03829

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

# 2. FULL NAME OF CHILD ANNIE LYDIA CLAYTON

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

3. Boy or Girl <u>GIRL</u>	4. Twin, triplet or other births	5. Number, in order of birth	6. Premature Full term <u>X</u>	7. Are Parents Married? <u>YES</u>	8. Date of birth <u>Dec. 15</u> , 19 <u>16</u> (Month, day, year)
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9. Full name George Martin Clayton  
FATHER  
10. Residence (mailing address)  
(If non-resident, give place and State) Aiken, S.C.  
11. Color or race white  
12. Age at child's birth 41 (years)  
13. Birthplace (city or place) Aiken Co  
(State or country)

18. Name before marriage Annie Stallings  
MOTHER  
19. Residence (mailing address)  
(If non-resident, give place and State) Aiken, S.C.  
20. Color or race white  
21. Age at child's birth 26 (years)  
22. Birthplace (city or place) Williston SC  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
16. Date (month and year) last engaged in this work  
17. Total time (years) spent in this work

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home worker  
25. Date (month and year) last engaged in this work  
26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child 3) Born alive and now living yes (b) Born alive but now dead. (c) Stillborn.

28. If stillborn, period of gestation \_\_\_\_\_ (months) \_\_\_\_\_ (weeks) 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 1:15 pm 9 am on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_ (Date of)

(Signed) Mrs Annie Clayton, Parent

or \_\_\_\_\_, Guardian

Address Aiken, SC.

Filed Aug 27, 1942 M. B. Woodward  
Registrar.