

16 092858

1. PLACE OF BIRTH

County of AIKEN
 Township of AIKEN
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200 Registered No. _____

(For use of Local Registrar)

(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 ANNIE LYDIA CLAYTON { If child is not yet named, make supplemental report as directed.

| | | | | | | |
|-------------------------------|------------------|---------------------------|------------------------------|------------------------------------|---------------------------------------|--|
| 3. Boy or Girl <u>GIRL</u> | If Plural births | 4. Twin, triplet or other | 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, 19</u> (Month, day, year) |
|-------------------------------|------------------|---------------------------|------------------------------|------------------------------------|---------------------------------------|--|

| | | | |
|--|--------|--|--------|
| 9. Full name <u>George Martin Clayton</u> | FATHER | 18. Name before marriage <u>Annie Stallings</u> | MOTHER |
|--|--------|--|--------|

| | |
|---|---|
| 10. Residence (mailing address) (If non-resident, give place and State) <u>Aiken, S.C.</u> | 19. Residence (mailing address) (If non-resident, give place and State) <u>Aiken, S.C.</u> |
|---|---|

| | | | |
|--------------------------------|--|--------------------------------|--|
| 11. Color or race <u>white</u> | 12. Age at child's birth <u>41</u> (years) | 20. Color or race <u>white</u> | 21. Age at child's birth <u>26</u> (years) |
|--------------------------------|--|--------------------------------|--|

| | |
|--|--|
| 13. Birthplace (city or place) (State or country) <u>Aiken Co</u> | 22. Birthplace (city or place) (State or country) <u>Williston SC</u> |
|--|--|

| | |
|--|---|
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home worker</u> |
| 16. Date (month and year) last engaged in this work | 25. Date (month and year) last engaged in this work |
| 17. Total time (years) spent 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) (a) 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 1:00 9 am m. 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.

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.)