

PLACE OF BIRTH

Aiken.

City of Schultze

Town of

or

of

FULL NAME OF CHILD

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

No.

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

John Edward Cleckley

FILE No. For State Registrar Only

29936-a

Registered No.

(Certificate of Local Registrar)

St. Ward

(If child is not yet named, make supplemental reports as directed)

1. Sex

2. Place of birth

3. Twin, triplet, or other

4. Premature

5. Legitimate

6. Date of birth

January 15th 1915

(Month, day, year)

7. Number, in order of birth

8. Full term

9. Mate? yes

FATHER

Eastings Andrew Jackson Cleckley

18. Full maiden name

MOTHER

Rosalie Ruth Page

Residence (usual place of abode)

(If nonresident, give place and State) Aiken, Co., S.C.

19. Residence (usual place of abode)

(If nonresident, give place and State) Aiken, Co., S.C.

Color or race

White

20. Age at last birthday

27

(Years)

21. Color or race

White

22. Age at last birthday

25

(Years)

Birthplace (city or place)

Aiken, S.C.

23. Birthplace (city or place)

(State or country)

Beach Island, S.C.

24. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Boiler Maker

25. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

26. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

27. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

28. Date (month and year) last engaged in this work

19

29. Total time (years) spent in this work

30. Date (month and year) last engaged in this work

19

31. Total time (years) spent in this work

Number of children of this mother

(At time of this birth and including this child) 4 (a) Born alive and now living

4

(b) Born alive but now dead

(c) Stillborn

Stillborn

Period of gestation

{ months weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

(Signed) Marnie M. Cleckley

When there was no attending physician, the father, householder, or other person, should make this return.

Reported by

or (midwife now deceased)

Supplemental report

(Date of)

Address Aiken, S.C.

Filed 8/12/1932

Registrar.

Registrar.