

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY. WITH INK. THIS IS A PERMANENT RECORD. 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

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Low</u>		STATE OF SOUTH CAROLINA		4430 1	
Township of <u>Lyndberg</u>		Bureau of Vital Statistics		80	
or Inc. Town of		State Board of Health		(For use of Local Registrar)	
City of		Registration District No. <u>3002</u>		Registered No. <u>80</u>	
(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>James D. C. Clavin</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 27, 23</u>	
To be answered only in event of Twin or Triplet				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>J. D. C. Clavin</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Albion S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Albion S. C.</u>		
(16) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>		
(18) BIRTHPLACE <u>Albion S. C.</u>			(19) AGE AT LAST BIRTHDAY <u>27</u>		
(20) OCCUPATION <u>Mill worker</u>			(21) OCCUPATION <u>Housewife</u>		
(22) Number of children born to mother, including present birth <u>3</u>			(23) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(24) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>5:15</u> M., on the date above stated. Hour A. M. or P. M.)					
(25) (Signature) <u>Mary</u>					
(26) State whether Physician or Midwife <u>Midwife</u>					
(27) Address of Physician or Midwife <u>Albion S. C.</u>					
(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(29) Filed <u>3/8 23</u> (30) <u>L. F. Whitcomb</u> Local Registrar.					
When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					