

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

No. 11-A-10

3352

County of Chester

Town of .....

City of .....

City of Chester

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

Registration District No. 11A Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Assenit Davis Clinton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or triplet No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26 23 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Henry M Gadden Clinton</u>	(14) NAME BEFORE MARRIAGE <u>Reith Williams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Chester</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chester</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>York Co.</u>	(18) OCCUPATION <u>Mill work</u>	(19) BIRTHPLACE <u>Chesterfield Co.</u>	(20) OCCUPATION <u>Domestic</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 3:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) F. N. Rom(25) State whether Physician or Midwife (26) Address of Physician or Midwife Chester SC

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(28) Filed Jan 7 23 (29) Thompson 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.

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