

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b>		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		85837	
Township of .....		Registration District No. <u>2209</u>		Registered No. <u>554</u>	
or Inc. Town of .....		or City of <u>Woodside Hill 7</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; ..... Ward			
(2) Full Name of Child <u>Fletcher Wiles Clayton</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>B</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11-7-1916</u>	
<small>To be answered only in case of twins or triplets</small>			<small>(Name of Month) (Day) (Year)</small>		
FATHER.			MOTHER.		
(8) FULL NAME <u>John Earl Clayton</u>			(14) NAME BEFORE MARRIAGE <u>Sela Stroyhorn</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. Woodside 3rd 7</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. Parkside 3rd 7</u>		
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>		
(12) BIRTHPLACE <u>N.C.</u>		(18) BIRTHPLACE <u>N.C.</u>			
(13) OCCUPATION <u>Bookkeeper</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>			
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>P. Alum</u> at <u>6 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>C. J. Gules</u>		(25) Address of Physician or Midwife <u>Greenville</u>			
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report		(26) Witness .....			
..... 191.....		(Signature of Witness necessary only when question 23 is signed by mark)			
Registrar		(27) Filed <u>Dec 9 1916</u>		(28) <u>A. H. Mackley</u> 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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