

WRITE 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.

CERTIFICATE OF BIRTH			
STATE OF SOUTH CAROLINA.			
Bureau of Vital Statistics			
State Board of Health			
(1) PLACE OF BIRTH County of <u>Greenville</u> Township of _____ or Inc. Town of _____ or City of <u>Woodside Hill</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>2209</u> Registered No. <u>554</u> (For use of Local Registrar)	
(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> (Name of Month) (Day) (Year)			
FATHER. (8) FULL NAME <u>John Earl Clayton</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. Woodside 3rd</u> (10) COLOR OR RACE <u>W.</u> (11) AGE AT LAST BIRTHDAY <u>39</u> (Years) (12) BIRTHPLACE <u>N.C.</u> (13) OCCUPATION <u>Blacksmith</u> (20) Number of children born to mother, including present birth <u>2</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Sela Stroyhorn</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. Woodside 3rd</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) (18) BIRTHPLACE <u>N.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>2</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
(22) I hereby certify that I attended the birth of this child, who was <u>P. alive</u> at <u>6</u> <u>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>		(24) State whether Physician or Midwife	
(25) Address of Physician or Midwife <u>Physician Greenville</u>			
Given name added from a supplemental report ..... 191..... ..... ..... Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Dec 9 1916</u> (27) Filed <u>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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