

(1) PLACE OF BIRTH

County of Newberry...

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4707

Registration District No. 3411... Registered No. 2.....
(For use of Local Registrar)(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 Gertrude Clark 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 No (6) Are Parents Married No (7) DATE OF BIRTH Jan 2 1923
(Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Murray Clark</u>	(14) NAME BEFORE MARRIAGE <u>Estelle Caughman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Little Mt.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Little Mt.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>S.C.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>1 6</u>	(22) Number of children of this mother now living, including present birth <u>1 6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Josephine Koon
(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Little Mt.

Given name added from a supplemental report	(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
.....	(28) Filed <u>Feb. 2 1923</u> (29) <u>K. H. Shady</u> Local Registrar
..... 19	
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.

In the case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.