

(1) PLACE OF BIRTH

County of York
 Township of York
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12503

Registration District No. 4408 Registered No. 41
 (For use of Local Registrar)

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

(2) Full Name of Child Andral Clyde Clark

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 29, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andral G. Clark
 (9) PRESENT POSTOFFICE OF FATHER Clark, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)
 (12) BIRTHPLACE Clark, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 0

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Laine
 (15) PRESENT POSTOFFICE OF MOTHER Clark, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Years)
 (18) BIRTHPLACE Clark, S.C.
 (19) OCCUPATION Homemaker
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:00 P. M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. G. Gration, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Clark, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 10, 1923 (28) David Parker 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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