

(1) PLACE OF BIRTH

County of *Charleston*

Township of

or

Inc. Town of

or

City of *Charleston*

(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

80503

Registration District No. *9A*Registered No. *1084*

(For use of Local Registrar)

(No. *93*)*H. Alexander*

St. Ward

(2) Full Name of Child

*Baby**Clark*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

October 6

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Elree Clark

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Charleston county

(13) OCCUPATION

Mechanic

MOTHER

(14) NAME BEFORE MARRIAGE

annie Mizell

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

(20) Number of children born to mother, including present birth

5

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1¹⁰* a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. W. McPart

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Roper Hospital*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/9

1916

(28)

J. M. ...

Local Registrar

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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Registrar

Filed 10/31

1916

J. M. ...

Corrected

JUN 20 1940

LEON ...

REGISTRAR