

(1) PLACE OF BIRTH

County of Richland,....

Township of

or

Inc. Town of

or

City of Columbia.....

(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

18906

Registration District No. 38

Registered No. 473
(For use of Local Registrar)

(2) Full Name of Child Mary Eliza Clark

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 26, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joseph Waddell Clark

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Year)

(12) BIRTHPLACE Columbia, S.C.

(13) OCCUPATION Steam fitter

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Elizabeth Walker

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29
(Year)

(18) BIRTHPLACE Columbia S.C.

(19) OCCUPATION Nurse wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James DeBerry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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

(27) Filed July 3, 1923 Registrar

(28) C. J. Shearn 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.

Before the fifth month of pregnancy.

Form 100, South Carolina, Columbia, S. C. 1. THE OTHER, No. 2, etc. In question 1.

K O D A K