

(1) PLACE OF BIRTH

County of Kershaw

Township of Wentworth

Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

90489

Registration District No. 2704 Registered No. 217
(For use of Local Registrar)

(2) Full Name of Child... Simon Clark } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Clark
(9) PRESENT POSTOFFICE OF FATHER Lagoff S.C.
(10) COLOR OR RACE Bl (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE County
(13) OCCUPATION Farm labor
(20) Number of children born to mother, including present birth { 7

MOTHER.
(14) NAME BEFORE MARRIAGE Matie Hall
(15) PRESENT POSTOFFICE OF MOTHER Lagoff S.C.
(16) COLOR OR RACE Bl (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE County
(19) OCCUPATION Farm labor
(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Luna Harris
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness W. G. Bezdell
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/28/1916 (28) R. H. Thurman 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.

County of Columbia