

(1) PLACE OF BIRTH

County of KershawTownship of Leventown

or

Inc. Town of

or

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

90489

Registration District No. 2704Registered 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? Yes(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 161916

FATHER.

(8) FULL NAME

Pamper Clark

(9) PRESENT POSTOFFICE OF FATHER

Lugoff SC

(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

Natie Hall

(15) PRESENT POSTOFFICE OF MOTHER

Lugoff SC

(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 2.10. A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. M. Harrison

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

(27) Filed

12/18/1916

(28)

R. H. Harrison

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.