

12. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8.

(1) PLACE OF BIRTH

County of Abbeville
Township of Lowndesville
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

No. 8988—For State Registrar
8988

Registration District No. Registered No. 20
(For use of Local Registrar)

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

(3) SEX OR GEAR Boy (4) Twin or Triplet Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH April 6 1928
(Month of Month) (Day) (Year)

FATHER
(8) FULL NAME Charles C. Clark
(9) PRESENT RESIDENCE OF FATHER Lowndesville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE Texas
(13) OCCUPATION Painter
(14) Number of children born to mother, including present birth 2

MOTHER
(15) NAME BEFORE MARRIAGE Vera Phillips
(16) PRESENT RESIDENCE OF MOTHER Lowndesville S.C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Year)
(19) BIRTHPLACE S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10 P. M., on the date above stated. (Sign alive certificate) (Hour M. or P. M.)

(23) (Signature) Thos. A. Kinsinger
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lowndesville 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 1928 (28) J. H. H. H. H. 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.

Registrar 1 Local Registrar

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