

MAKING REQUISITE FOR BIRTHING.
WRITING PLAINLY, WITH UNFADING INK—WHEN IN A PERMANENT RECORD.
N. 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 6.

(1) PLACE OF BIRTH

County of Horry
Township of Gallatin
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

15331

Registration District No. 2503

Registered No. 52
(For use of Local Registrar)

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Clark

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

To be answered only in case of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

yes

7) DATE OF BIRTH

May 26, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Jack Clark

9) PRESENT POSTOFFICE OF FATHER

Horry

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

27
(Years)

12) BIRTHPLACE

Marion

13) OCCUPATION

Farming

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

2

MOTHER.

14) NAME BEFORE MARRIAGE

Minie Johnson

15) PRESENT POSTOFFICE OF MOTHER

Horry

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

19
(Years)

18) BIRTHPLACE

Horry

19) OCCUPATION

House keeping

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 Home ... at 10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Heather Lane

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 27, 1922

(28)

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.

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