

## (1) PLACE OF BIRTH

County of Saluda

Township of .....

OR

Inc. Town of .....

OR

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3902

File No.—for State Registrar Only

30021

Registered No. 3902

(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 Ida Clark

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

(3) SEX OF CHILD girl

(4) Twin or Triplet

To be covered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 7

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Virgil Clark(9) PRESENT POSTOFFICE OF FATHER Silver Street(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Saluda(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Gracie Wallace(15) PRESENT POSTOFFICE OF MOTHER Silver Street(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Saluda(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at Saluda M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Well Saluda

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Saluda

Given name added from a supplemental report

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

(27) Filed Sept 14 1923 (28) Mrs B J Clark 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.