

27485

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

Registration District No. 3611

Registered No. .... 53 ....  
(For use of Local Registrar)

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

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

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH... June 28, 1922  
(Name of Month) (Day) (Year)

**FATHER**

**MCTHER.**

(14) NAME BEFORE MARRIAGE *James M. Clark*

(15) PRESENT POSTOFFICE OF MOTHER *1125 ft. 87*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *25* (Years)

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY..... *23*

12 BIRTHPLACE  
Cranbury, Co.

(18) BIRTHPLACE Chicago, Ill.

13) OCCUPATION *Farmer*

(19) OCCUPATION Manager

20 Number of children born to mother, including present birth

(21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie K. Oak

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

Given name added from a supplement-  
tal report

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

(27) Filed July 19 19 77 (28) W. A. W.  
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.