

(1) PLACE OF BIRTH

County of York
 Township of North
 or
 Inc. Town of

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

34243

Registration District No. 444

Registered No.
 (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.)

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

(3) SEX OR CHILD 13 (4) TIME OF BIRTH 4:40 (5) DATE OF BIRTH Sept 21, 1923
 (6) PLACE OF BIRTH At home of father

FATHER. (7) NAME BEFORE MARRIAGE Eaisy Knight
 (8) PRESENT RESIDENCE OF FATHER R. I. Post Rock Hill
 (9) COLOR OR RACE N. (10) AGE AT LAST BIRTHDAY 39
 (11) BIRTHPLACE L. C.
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 9

MOTHER. (14) NAME BEFORE MARRIAGE Eaisy Knight
 (15) PRESENT RESIDENCE OF MOTHER "
 (16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE L. C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 3:20 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) L. J. Hay Jr. D.
 (23) State whether Physician or Midwife Physician
 (24) Address of Physician or Midwife Rock Hill S. C.

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark.)
 (26) Filed 9/24/23 (27) Local Registrar J. R. Hay Jr.

*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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