

(1) PLACE OF BIRTH

County of *Barry*Township of *Bucks*

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

File No.—For State Registrar Only

30707

Registration District No. *25.1*Registered No. *80*
(For use of Local Registrar)

(No.)

St.;

Ward)

(2) Full Name of Child *Clara Belle Park*

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

Four

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 18, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benjamin F. Park

(9) PRESENT POSTOFFICE OF FATHER

Bucksport S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Ferryman

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Beckie Jane Cot

(15) PRESENT POSTOFFICE OF MOTHER

Bucksport S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

Leasway S.C.

(19) OCCUPATION

Housewife

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

Four

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *7:50 p.m.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Physician Dr. H. T. Scarborough*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of _____ necessary only when question is answered by mark)

C. C. Cannon

1922

Registrar

(27) File No. *9*

1922

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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