

(1) PLACE OF BIRTH

County of *Darlington*
 Township of *High Hill*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41980

Inc. Town of Registration District No. *1503* Registered No. *62*
 (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 *Clara Virginia Flowers* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? ☒ (5) Number in order of birth ☒ (6) Are Parents Married? *yes* (7) DATE OF BIRTH *May 19 1922*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wm. H. Flowers*

(9) PRESENT POSTOFFICE OF FATHER *Darlington S.C. R7D*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *27*
 (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Suggs*

(15) PRESENT POSTOFFICE OF MOTHER *Darlington S.C. R7D*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20*
 (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Domestic*

(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 *Girl* at *8 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. C. Case*

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

Phys *Darlington*

Given name added from a supplemental report

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

(27) Filed *Jan 10 1923* (28) *J. S. Harole* Local Registrar

Registrar

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.

Registrar

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