

FORM NO. 1
 MAILED SEPTEMBER 1914
 PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C.
 N. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Warren
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (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
48050

Registration District No. 313 Registered No. 5
 (For use of Local Registrar)

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

(3) ~~BOY~~ Boy (4) 1 Twin or triplet? (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 11, 1914
(If deceased only in case of twins or triplets)

FATHER.

(8) FULL NAME Joseph Clark
 (9) PRESENT POSTOFFICE OF FATHER P. O. No. 7
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 46 (Years)
 (12) BIRTHPLACE Rich. Place, S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Williams
 (15) PRESENT POSTOFFICE OF MOTHER P. O. No. 7
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Means Station S. C.
 (19) OCCUPATION H. Wife
 (21) Number of children this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at birth, on the date above stated. (Date of birth Jan 11, 1914)
 (23) (Signature) [Signature] (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Cady Ridge Church St. Anderson S. C.

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 7, 1914 (28) E. A. Elrod 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.
[Signature] Registrar I _____ Local Registrar

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