

FORM NO. 1  
 MALE AND FEMALE: WITH UNPAID INK—THIS IS A PERMANENT RECORD.  
 WHEN PLAINLY, WITH UNPAID INK—THIS IS A PERMANENT RECORD.  
 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 Greene

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

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) Twin or Triplet?

(5) Number in order of birth 10

(6) Are Parents Married Yes

(7) DATE OF BIRTH Jan. 11, 1916

(8) FULL NAME OF FATHER 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, C. S.

(13) OCCUPATION Farmers

(20) Number of children born to mother, including present birth 10

(14) NAME BEFORE MARRIAGE Corra 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 of 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.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cady Ridge Church St. Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Oct 7, 1916 (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.

Registrar I [Signature] Local Registrar

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