

Form No. 8

(1) PLACE OF BIRTH

County of _____

Township of _____

or
Inc. Town of _____or
City of _____

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

FILE NO. For State Registrar Only

30057

 Registration District No. 40-A Registered No. 405
 (For use of Local Registrar.)

 (2) Full Name of Child Joseph Dunkle Clark (No. 127 Bonus St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed
(3) BOY ☒ GIRL ☒

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes
 (7) DATE OF BIRTH 9 9 23
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W(11) BIRTHPLACE N.C.(12) OCCUPATION Plumber(13) Number of children born to mother, including present birth 7

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE W(17) BIRTHPLACE S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 (22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) G. O. Oakes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name affid. from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed 10-1-23Local Registrar James Copes
 *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.