

FORM NO. 4
 MARRIAGE REGISTERED BY THE BINDING.
 WRITE PLAINLY. WITH UNFADING 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 5.
 of Columbia.
 McCraw.

(1) PLACE OF BIRTH
 County of York
 Township of York
 or
 Inc. Town of Registration District No. 4408 Registered No. 12
 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
12253

(2) Full Name of Child Mary Anne Clark 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 4. 22, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mason Clark
 (9) PRESENT POSTOFFICE OF FATHER York S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE York Co S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Kirkpatrick
 (15) PRESENT POSTOFFICE OF MOTHER York S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE York Co S C
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York 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 25 1916 (28) Geo. J. Barron 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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