

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Lowndes  
 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  
**36542**

Registration District No. 4100 Registered No. 41  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Addie Clark

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Elack Clark

(14) NAME BEFORE MARRIAGE Marie Singleton

(9) PRESENT POSTOFFICE OF FATHER Sumter 26, R 1

(15) PRESENT POSTOFFICE OF MOTHER Sumter 26, R 1

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27  
 (Year)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
 (Year)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION farmhand

(19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philly Scott

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

Given name added from a supplemental report

(26) Witness J. D. Kinney  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 26, 1922 (28) Philly Scott 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.

MARGIN RESERVED FOR 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.