Form No. 1

(1) PLACE OF BIRTH

County of Pierce

Township of Pierce Co

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

31506

Registration District No. 3502 Registered No. 75-

(For use of Local Registrar)

(2) Full Name of Child Rosie Clark

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
girl			yes	Sept 24 1922

FATHER

(8) FULL NAME Rose Clark

(9) PRESENT POSTOFFICE OF FATHER West Union SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Pickens Co SC

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth 1 5

MOTHER

(14) NAME BEFORE MARRIAGE Eunice Moore

(15) PRESENT POSTOFFICE OF MOTHER West Union SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Pierce Co SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live alive (Born alive or stillborn) at 1:30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Adaline Bracial

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife West Union SC

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Oct 7 1922 (28) Sam'l Smith

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.

INSTRUCTIONS.—In case of TWINS, TRIPLETS, etc., use a separate certificate for each child, and mark the letter "A," "B," or "C" after the number in the upper right-hand corner, to indicate the order of birth. Please write plainly with pen and ink. Do not use pencil. Make no erasures. Do not abbreviate. Use figures for dates and ages. Be sure to answer all questions. Where there is no entry to be made, write "None" or "Unknown," as the case may be. Do not leave blanks. Report to Local Registrar of district in which birth occurred within five days after birth. Births should be registered by the parents, householder, or midwife, but in institutions by the superintendent or manager. Penalty for neglect, $5.00. (Sec. 2, Act No. 301, Acts of 1915.)