

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of 7th
 of
 Inc. Town of
 of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3921

Registration District No. 21.08 Registered No. 18
 (For use of Local Registrar)

(No. 84; Ward)

(2) Full Name of Child Clara Belle Ard
 (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

1. SEX Female 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb 12 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME William Ard
 9. PRESENT POSTOFFICE OF FATHER Andrews S
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 30
 12. BIRTHPLACE Williamsburg Cong SC
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth Five

MOTHER.

14. NAME BEFORE MARRIAGE Emma Costin
 15. PRESENT POSTOFFICE OF MOTHER Andrews S
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 28
 18. BIRTHPLACE Florence Cong SC
 19. OCCUPATION Domestic
 21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Carrie Hicks Huxford
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Feb 18 1923 (28) Rob Bailey 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.