

(1) PLACE OF BIRTH

County of Florence

Township of

OR
Inc. Town of

OR
City of Florence

(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

42308

Registration District No. 20-A Registered No. 380
(For use of Local Registrar)

(2) Full Name of Child Theo Alped Clark Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Theo Alped Clark Sr.

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 25
(Year)

(12) BIRTHPLACE Florence Co S.C.

(13) OCCUPATION Mail carrier

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Frances Edwards

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTHPLACE Honolulu, N.J.

(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 alive at 7:25 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Frank Rhodes

(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

(27) Filed 12-15-22 (28) P. A. Brigham MD 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.

Registrar

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RECAP OF COLUMBIA, COLUMBIA, S. C.