

(1) PLACE OF BIRTH

County of LancasterTownship of Yorkor
Inc. Town of YorkCity of Clinton

(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

30913

(2) Full Name of Child Joe Otis Sparks .. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 1922 (Name of Month) (Day) (Year)(8) FULL NAME Joe Sparks(9) PRESENT POSTOFFICE OF FATHER Clinton(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE W.C.(13) OCCUPATION Justice of Peace(14) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Ella Banks(15) PRESENT POSTOFFICE OF MOTHER Clinton(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Idaho(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 Clinton, S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Sparks(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Oct 2 (28) J. H. Sparks 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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