

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Clarendon STATE OF SOUTH CAROLINA.

Township of Marion Bureau of Vital Statistics
State Board of Health

Inc. Town of Registration District No. 13 Registered No. 20
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

File No. For State Registrar Only
76413

(2) Full Name of Child David Mack { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>B</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Sept. 25</u> 19 <u>21</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Wesley Samuel

(9) PRESENT POSTOFFICE OF FATHER Wilson St

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Clarendon

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Mack

(15) PRESENT POSTOFFICE OF MOTHER Wilson St

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Clarendon

(19) OCCUPATION Labourer

(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 at 4 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Williams

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

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 25 191..... (28) M. J. D. Spott Local Registrar

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 OTHERS, No. 2, etc., in question 5.
McCay, of Columbia.

*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.