

Form No. 3

(1) PLACE OF BIRTH

County of Charleston

Township of Center

or Town of Fair Play, S.C.

or City of

(No. of 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

Registration District No. 1500

File No. - For State Registrar Only

29490

Registered No. 129
(For use of Local Registrar)

(2) Full Name of Child James Earl Clark

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

(3) SEX OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 5 Sept 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Clark

(9) PRESENT POSTOFFICE OF FATHER Fair Play, S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 43
(Years)

(12) BIRTHPLACE Robeson County, N.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sue Bramlett

(15) PRESENT POSTOFFICE OF MOTHER Fair Play, S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 41
(Years)

(18) BIRTHPLACE Robeson County, N.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born 9:44 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sharon Glenelaud

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Fair Play

(Given name added from a supplemental report)

Sharon Glenelaud

(26) Witness Mrs. Sander

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

(27) Filed Oct 1 1923 (28) A.P. Martin
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.

IN CASE OF TWINS OR TRIPLETS, use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

State of Columbia, Columbia, S.C.