Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of Ward

or

Inc. Town of .....

or

City of Columbia S.C. (No. ..... St.; ..... Ward)

(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: 18982-a

Registration District No. 3802 ..... Registered No. .....
(For use of Local Registrar)

(2) Full Name of Child Essie Julius Clark (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 10 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Willie Clark	(14) NAME BEFORE MARRIAGE Essie Clark
(9) PRESENT POSTOFFICE OF FATHER Farming	(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years) R 2
(12) BIRTHPLACE Richland co. S.C.	(18) BIRTHPLACE Farming
(13) OCCUPATION Columbia S.C. R 2	(19) OCCUPATION Richland co. S.C.
(20) Number of children born to mother, including present birth 1 6	(21) Number of children of this mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. June 10 at 3 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Della Richardson

(24) State whether Physician or Midwife: mid wife

(25) Address of Physician or Midwife: Columbia S.C. R # 2

Given name added from a supplemental report

..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) Bal 27

(27) Filed ..... 19 .... (28) ..... 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.