

(1) PLACE OF BIRTH

County of Flamenc
 Township of Watts
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6942

Registration District No. 3012Registered No. 12
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Heila Helen M. Clark (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 12 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. Helen M. Clark(9) PRESENT POSTOFFICE OF FATHER Lead(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Flamenc(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 7

MOTHER.

(14) NAME BEFORE MARRIAGE Clark(15) PRESENT POSTOFFICE OF MOTHER Clark 20(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Flamenc(19) OCCUPATION Counsellor(20) Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) at 3:45 P. M.(22) (Signature) [Signature]

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 4/1/18 1923 (27) G. S. Kelly 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.