

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child Joseph Allen Clark If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? X

To be answered only in case of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 22 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Allen Clark(9) PRESENT POSTOFFICE OF FATHER 164 1/2 St.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION pipe fitter(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Marie Perry(15) PRESENT POSTOFFICE OF MOTHER 164 1/2 St.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Wife(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 210 S.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Thos. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianCharleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/2 1922 J. M. Green, M.D.
Local Registrar.19
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.

(Date of)

Address 1000 St.Filed 5/20/22

19

J. M. Green, M.D.

Registrar

COR. 6/9/22

Register