

## (1) PLACE OF BIRTH

County of York  
 Township of Southside  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

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

(2) Full Name of Child Hugene Clark

File No. — For State Registrar Only

9509

Registered No. .... 14  
 (For use of Local Registrar)

Registration District No. 9401(3) BOY OR GIRL? boy

(4) Twin or Triplet?

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

(7) DATE OF

BIRTH March 8, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME Willis Clark(9) PRESENT POSTOFFICE OF FATHER Smiths Lurnout S.C.R.I.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 26  
 (Years)(12) BIRTHPLACE York Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Cherry Rock Hall S.C.R.I.(24) State South Carolina(25) Address of Physician or Midwife Midwife (Cal)

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 20, 1922

(28)

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.

THIS IS A PREPARED REPORT. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE PLUCK-HORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.