

## (1) PLACE OF BIRTH

County of FlorenceTownship of Wattsor  
Inc. Town of .....or  
City of Clanton, S.C.

(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

42441

Registration District No. 2.12 Registered No. 130  
(For use of Local Registrar)(2) Full Name of Child Marcus Stark {If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 15 19 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Morris Stark(9) PRESENT POSTOFFICE OF FATHER Clanton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Empire, Galicia(13) OCCUPATION Merchant(14) NAME BEFORE MARRIAGE Anna Bordier(15) PRESENT POSTOFFICE OF MOTHER Clanton, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Currumph of Manhattan, N.Y.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(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 C. A. M. on the date above stated. (born alive or stillborn) (hour/minute or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/24 19 23 (28) C. S. Hadden 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.

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