

(1) PLACE OF BIRTH

County of *Aiken*

Township of *Rocky Spring*

or
Inc. Town of

or
City of

(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

54371

Registration District No. *316*

Registered No. *35*
(For use of Local Registrar)

(2) Full Name of Child

Millie Clark Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE BIRTH *Feb. 24, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Millie Clark

(9) PRESENT POSTOFFICE OF FATHER

Wagener St

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Hand

(20) Number of children born to mother, including present birth

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Evans

(15) PRESENT POSTOFFICE OF MOTHER

Wagener St

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Millie Clark

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

4/5 1916 (28) *E. B. Spitzer Jr.* 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.

MICHIGAN STATE BOARD OF HEALTH, LANSING, MICHIGAN. TWINN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.