

Form No. 1

## (1) PLACE OF BIRTH

County of NewberryTownship of #8

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

12184

Registration District No. 3406 Registered No. 7

(For use of Local Registrar)

(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 William Clark (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 19 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Henderson Clark(9) PRESENT POSTOFFICE OF FATHER Newberry R 4(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 47  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Henretta Butler(15) PRESENT POSTOFFICE OF MOTHER Newberry R 4(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm Help(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry R 4

Given name added from a supplemental report

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

(27) Filed May 10 19 22 (28) H. L. Boulware 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.