

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
26752

County of York
Township of York
or
Inc. Town of
or
City of Howard

Registration District No. 4408 Registered No. 109
(For use of Local Registrar)

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

(2) Full Name of Child Robert Glenn Clark If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet To be covered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH April 12, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME H. Mason Clark

(14) NAME BEFORE MARRIAGE Lillian Starkpatrick

(9) PRESENT POSTOFFICE OF FATHER York R.F.D. 7

(15) PRESENT POSTOFFICE OF MOTHER York R.F.D. 7

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE York Co

(18) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 H

(21) Number of children of this mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. A. Dralton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

Jessie G. 19 36

T. M. B. Woodward
Dist. Registrar

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

Filed Sept 10 19 23 (27) Pauline Barron
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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FIRST-BOEN, No. 1. THE OTHER, No. 2, etc., in question 1.