

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

No. 26752 — For State Registrar Only
 26752

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) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH April 12, 1923
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. Mason Clark
 (9) PRESENT POSTOFFICE OF FATHER (York R.F.D. 1)
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Hinkpatrick
 (15) PRESENT POSTOFFICE OF MOTHER York R.F.D. 1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE York Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 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) E. A. Dralton

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

John B. Woodward
 Local Registrar

(26) Witness

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

Filed Sept 10, 1923

(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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Form No. 1. THE OTHER, No. 2, etc., in question 1. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.