

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
27681

County of Chester

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Chester

Loc. Town of
or

Registration District No. 1104 Registered No. 137

(For use of Local Registrar)

City of (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 Johnnie Clark

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

3) SEX Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 6, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME Henry Odell Clark

(14) NAME BEFORE MARRIAGE Lizzie Weir

9) PRESENT POSTOFFICE OF FATHER Lewis T. O. R #1

(15) PRESENT POSTOFFICE OF MOTHER Lewis T. O. R #1

10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

12) BIRTHPLACE York Co.

(18) BIRTHPLACE York Co.

13) OCCUPATION Farmer

(19) OCCUPATION Housewife

14) Number of children born to mother, including present birth 3

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21) I hereby certify that I attended the birth of this child, who was Alive at 8:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) R. M. Wylie

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Chester S.C.

Name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 23 is signed by nurse

(27) Filed Oct 9 1923 (28) 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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