

(1) PLACE OF BIRTH

County of ChesterTownship of ChesterLoc. Town of
or

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

27681

Registration District No. 1108 Registered No. 137

(For use of Local Registrar)

2) Full Name of Child Johnnie Clark

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

3) SEX <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>Sept. 6, 1923</u>
				(Name of Month) (Day) (Year)

FATHER.

FULL NAME Henry Odell ClarkPRESENT POSTOFFICE OF FATHER Lewis T. O. R #1COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE York Co.OCCUPATION FarmerNumber of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Weir(15) PRESENT POSTOFFICE OF MOTHER Lewis T. O. R #1(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE York Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

3) I hereby certify that I attended the birth of this child, who was Alive at 8:10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. M. Wyche

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

Physician Chester S.C.

Even name added from a supplemental report

(26) Witness

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

(27) Filed Oct 9 1923 (28) John R. R. 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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