

## 1) PLACE OF BIRTH

County of CharlotteTownship of CharlotteCity of CharlotteCity of Charlotte

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19127

Registration District No. 27 Registered No. ....

(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 James Clark

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

3) BOY OR GIRL

4) Twin or Triplet

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

Month Feb Day 1 Year 1912

## FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) BIRTHPLACE

12) OCCUPATION

13) Number of children born to mother, including present birth

## MOTHER.

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) BIRTHPLACE

18) OCCUPATION

19) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:00 A.M., on the date above stated.(23) (Signature) V.V.V.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given: name of child, sex, date of birth, and parents

(26) Witness

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

(27) Date

1912

Local Registrar

If there were no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, no report is desired of stillbirths.