

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 4

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

or
City of Blackburg (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 Isaac Newton Clark

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Any Previous Marriages No (7) DATE OF BIRTH Apr 28 19 23 (Name of Month (Day) (Year))

FATHER.

(8) FULL NAME John Corry

(9) PRESENT POSTOFFICE OF FATHER Blackburg S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE Blackburg S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Mae Clark

(15) PRESENT POSTOFFICE OF MOTHER Blackburg S.C.

(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Blackburg S.C.

(19) OCCUPATION Farming

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Blackburg S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara Cline

(24) State whether Physician or Midwife Midwife

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 1 19 23 (28) Clara Cline 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.