

(1) PLACE OF BIRTH

County of Newport

Township of

or Inc. Town of

or City of Newport

(If birth occurs in a hospital or other institution, give name of same, street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

21073

Registration District No. 22aRegistrar No. 348

(For use of Local Registrar)

(No. ...)

(2) Full Name of Child

Paul Ambrose Clark

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

(3) SEX BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be entered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>7/2/23</u> (Month) (Day) (Year)
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FATHER (8) FULL NAME <u>Gilbert Clark</u>	(14) NAME BEFORE MARRIAGE <u>Emily Brown</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>City</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>
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(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Year)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)
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(12) BIRTHPLACE <u>Newberry Co</u>	(18) BIRTHPLACE <u>Newberry Co</u>
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(13) OCCUPATION <u>Labors.</u>	(19) OCCUPATION <u>Housekeeper</u>
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(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Newberry Co on the date above stated.(23) (Signature) J. H. Morrison

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Mark")

(27) Filed July 12, 23

(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.