

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry  
 Township of #7  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

35766

Registration District No. 3410 Registered No. 108  
 (For use of Local Registrar)

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

## (2) Full Name of Child

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

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? .....	5. Number in order of birth .....	6. Are Parents Married? .....	7. DATE OF BIRTH <u>Oct 19 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Jerry Clark</u>			14. NAME BEFORE MARRIAGE <u>Mamie Clark</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Wesporty SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Wesporty SC</u>	
10. COLOR OR RACE <u>Black</u>			16. COLOR OR RACE <u>Black</u>	
11. AGE AT LAST BIRTHDAY <u>21</u> (Year)			17. AGE AT LAST BIRTHDAY <u>21</u> (Year)	
12. BIRTHPLACE <u>Newberry SC</u>			18. BIRTHPLACE <u>Sabuda CO</u>	
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Georgiana Lindsey  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife  
Wesporty SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
W. T. Gibson  
 (27) Filed Oct 20 1922 (28) W. T. Gibson 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.