

## (1) PLACE OF BIRTH

County of Darlington S.C.Township of Darlington S.C.OR  
Inc. Town ofOR  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

17344

Registration District No. 1-2-0-1 Registered No. 60  
(For use of Local Registrar)(2) Full Name of Child Clara Albert Flowers If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 1924  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Flowers(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Charleston City S.C.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude Burr(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Charleston City S.C.(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 11:40 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Wilkes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filled in

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(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.

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FIRST-BORN, No. 1. THE OTHER, No. 2. etc. In question 1

No. 1. of Columbia