

(1) PLACE OF BIRTH

County of Greenwood
 Township of

or
 Inc. Town of

City of Greenwood

(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

Registration District No. 108

No. 34779 - For State Registrar Only

Registered No. 158
 (For use of Local Registrar)

(2) Full Name of Child Michael James Clark

(3) BOY OR GIRL Bo (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Age of Parents yes (7) DATE OF BIRTH Sept 18 1922
 To be answered only in event of Twin or Triplet

FATHER
 (8) FULL NAME Willie Herschel Clark
 (9) PRESENT POSTOFFICE OF FATHER Greenwood SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Abbeville Co. SC
 (13) OCCUPATION Textile
 (20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Sallie Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE Greenwood Co. SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated. (23) (Signature) W. H. Marshall (24) State whether physician or midwife Phys (25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 10 1922 (28) W. H. Marshall 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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