

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

Registration District No. 9A25104168Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Laniel Clark

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

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Aug. 15th
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMELaniel Clark(9) PRESENT
POSTOFFICE
OF FATHERCharleston S.C.(10) COLOR
OR
RACEmixed(11) AGE AT LAST
BIRTHDAY27
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Miner(14) Number of children born to
mother, including present birth4

MOTHER.

(14) NAME BEFORE
MARRIAGEAnna Wilson(15) PRESENT
POSTOFFICE
OF MOTHERCharleston S.C.(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY22
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(22) (Signature) Lucy E. Green(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife 47 Kanawha StGiven name added from a supplement-
tal report

(25) Witness

Mrs. C. P. Rutledge
(Signature of Witness necessary only
when question 23 is signed by midwife)

(26) Filed

8/17/22

(27) Local Registrar

C. P. Rutledge

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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