

THIS NO. 1 MARGIN RESERVED FOR BINDING

When child is born, this is a permanent record. It is not to be used as a basis for a separate record. It is to be used as a basis for a permanent record.

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Clinton*
or
Inc. Town of
or
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
241

Registration District No. *209* Registered No. *3*
(For use of Local Registrar)

(2) Full Name of Child *Mary Ann Clark*

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 *Jan 11 22*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Samuel Clark*

(9) PRESENT POSTOFFICE OF FATHER *Ira #4*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth *two*

MOTHER

(14) NAME BEFORE MARRIAGE *Fannie Hamilton*

(15) PRESENT POSTOFFICE OF MOTHER *Ira #4, S.C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *28* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Domestic*

(20) Number of children of this mother now living, including present birth *two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *L. H. Clark*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife, Ira #4, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 9 22* (28) *H. H. Robinson* 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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