

Form No. 1.

(1) PLACE OF BIRTH

County of York  
Township of Fort Mill

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  
**58137**

Registration District No. 4408 Registered No. 22  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(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? boy (4) Twin or Triplet? no (5) Number in order of birth the (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 11, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Clark  
(9) PRESENT POSTOFFICE OF FATHER Fort Mill  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE North Carolina  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Cherry Miller  
(15) PRESENT POSTOFFICE OF MOTHER Fort Mill  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Fort Mill  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:25 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Dr. Sarah F. Y. Leslie  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sarah F. Y. Leslie

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 5/8 1916 (28) A. S. Parks 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN No. 1, THE OTHER No. 2, etc., in question 5.  
McGaw, of Columbia

ODAKS·AFEE