

PLACE OF BIRTH

County of Newberry
Township of 2

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
31383Registration District No. 34 Registered No. 35
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child J. J. Clark If child is not yet named, make supplemental report as directedIs child
born? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 3 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

Full Name James Clark(14) NAME BEFORE MARRIAGE Abbie HendersonPresent Residence Newberry S.C.(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.Color Black (16) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)Birthplace Newberry Co(18) BIRTHPLACE S.C.Occupation Farming(19) OCCUPATION Farm KeeperNumber of children born to mother including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive L.O. Am.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Henderson
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Blair, S.C.

Name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 12 1922 (28) James S. Pitt
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.

Registrar V

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