FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21703

(1) PLACE OF BIRTH

County of Laurens

Township of Watts

or Inc. Town of ..... Registration District No. 2907 Registered No. 37 (For use of Local Reistrar)

or City of ..... (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 Wil Lou 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 9	(6) Are Parents Married?	(7) DATE OF BIRTH July 16 1922 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.	MOTHER.
(8) FULL NAME Milton Clark	(14) NAME BEFORE MARRIAGE [illegible]
(9) PRESENT POSTOFFICE OF FATHER Wan Shoal, S C	(15) PRESENT POSTOFFICE OF MOTHER Wan Shoal, S C
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farmer	(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth 9	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Margaret [illegible]

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wan Shoal, S C

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Aug 10 1923 (28) F B Boland 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

M. Caw, of Columbia