

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.

(1) PLACE OF BIRTH.

County of Cherokee
Township of Jefferson
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
3695

Registration District No. 1204 Registered No. 104
(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 Clark If child is not yet named, make supplemental report as directed

| | | | | |
|---|--|------------------------------------|--|---|
| (3) BOY OR GIRL <u>boy</u> | (4) Twin or Triplet? To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>1/25/22</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>William C. Clark</u> | | | (14) NAME BEFORE MARRIAGE <u>Ella Jane Johnson</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Jefferson S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Jefferson S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>41</u> (Years) | (16) COLOR OR RACE <u>white</u> | | |
| (12) BIRTHPLACE <u>SC</u> | (17) AGE AT LAST BIRTHDAY <u>31</u> (Years) | | | |
| (13) OCCUPATION <u>Farmer</u> | | | (18) BIRTHPLACE <u>SC</u> | |
| (19) OCCUPATION <u>Housework</u> | | | (20) Number of children of this mother new living, including present birth <u>3</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. E. E. Thomas
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Jefferson S.C.

Given name added from a supplemental report

(26) Witnesses (Signature of Witnesses necessary only when question 23 is signed by mark)
(27) Filed 19 (28) D. L. Pleasant 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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