

5/29/40

16 092845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Wake

Township of

or

Inc. Town of

or

City of Wake

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2. a

Registered No.

(For use of Local Registrar)

FILE No.—For State Registrar Only

0092

2. FULL NAME OF CHILD

John Henry Clark

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl

If Plural births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of birth.....

March 3, 1916Boy

5. Number, in order of birth.....

Full term YESMarried? YES

(Month, day, year)

9. Full name

FATHER

John Clark

18. Name before marriage

MOTHER

Anna Lena Martin

10. Residence (mailing address)

Route 3 Box 91 Wake County

19. Residence (mailing address)

Route 3 Box 91 Wake County

(If non-resident, give place and State)

South, Carolina

(If non-resident, give place and State)

South, Carolina

11. Color or race

Negro

12. Age at child's birth.....

22

20. Color or race

Negro

21. Age at child's birth.....

19

13. Birthplace (city or place)

Wake County

22. Birthplace (city or place)

Wake County

(State or country)

South, Carolina

(State or country)

South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

NONE

16. Date (month and year last) engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

Sept, 20, 1917101919

27. Number of children of this mother

(At time of birth and including this child) (a) Born alive and now living... one (b) Born alive but now dead... (c) Stillborn...

28. If stillborn,

months

29. Cause of stillbirth.....

{ Before labor.....

{ During labor.....

period of gestation.....

weeks

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 11:00 A.M. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Clark, Parent

or....., Guardian

Given name added from

a supplementary report.....

(Date of)

Address 3357 WaterlorDetroit, MichiganFiled June 27, 1940

Registrar.

M. J. M. Bond
asst. State Registrar