

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		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Wicken</u>		STATE OF SOUTH CAROLINA		0092	
Township of.....		Bureau of Vital Statistics		Registered No.....	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of.....		Registration District No. <u>2. a</u>		Registered No.....	
or					
City of <u>Akin Aiken</u>		(No. Rte. #3, Box 91 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 <u>John Henry Clark</u> { If child is not yet named, make supplemental report as directed.					
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>YES</u>	8. Date of birth <u>March 3, 1916</u> (Month, day, year)
9. Full name <u>John Clark</u>		FATHER		18. Name before marriage <u>Emma Lena Martin</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>Route 3 Box 91 Akin County South, Carolina</u>		11. Color or race <u>Negro</u>		12. Age at child's birth <u>22</u> (years)	
13. Birthplace (city or place) (State or country) <u>Akin County South, Carolina</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work done, as silk mill, sawmill, bank, etc.	
16. Date (month and year last) engaged in this work <u>Sept, 20, 1917</u>		17. Total time (years) spent in this work <u>10</u>		18. Name before marriage <u>Emma Lena Martin</u>	
19. Residence (mailing address) (If non-resident, give place and State) <u>Route 3 Box 91 Akin County South, Carolina</u>		20. Color or race <u>Negro</u>		21. Age at child's birth <u>19</u> (years)	
22. Birthplace (city or place) (State or country) <u>Akin County South Carolina</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>NONE</u>	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>one</u> (b) Born alive but now dead..... (c) Stillborn.....	
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....		Before labor..... During labor.....	

## 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 Waterloo Detroit, Michigan

Registrar.....

Filed June 27 1940 M.A. [Signature]  
asst. State Registrar