

(1) PLACE OF BIRTH

County of *Lexington*Township of *Bilboe*or
Inc. Town of.....or
City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43536

Registration District No. *3107* Registered No. *98*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *yes* (5) Number in order of birth *2*
To be answered only in case of Twin or Triplets(8) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec 10 1922*
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME *Amos Clark*(9) PRESENT POSTOFFICE OF FATHER *Lusville S.C. R.F.D. No 3*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *28*
(Years)(12) BIRTHPLACE *Aiken County*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Laisy Waters*(15) PRESENT POSTOFFICE OF MOTHER *Lusville S.C. R.F.D. No 3*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *22*
(Years)(18) BIRTHPLACE *Lexington County*(19) OCCUPATION *House-wife*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 A.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *J. Sidney Clark*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lusville S.C.

Given name added from a supplemental report

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

(27) Filed *19* (28) *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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