Form No. 1

(1) PLACE OF BIRTH

County of Aiken

Township of Langley

or Inc. Town of .....

or City of Bath S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
104

Registration District No. 249 Registered No. 6
(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 Ruby Catherine Clark (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl
(4) Twin or Triplet: —
(5) Number in order of birth: 1
To be answered only in event of Twins or Triplets
(6) Are Parents Married: yes
(7) DATE OF BIRTH: June 14 1903 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Langdon C Clark	(14) MAIDEN NAME BEFORE MARRIAGE: Eliza Burbage
(9) PRESENT POST-OFFICE OF FATHER: Bath S C	(16) PRESENT POST-OFFICE OF MOTHER: Bath S C
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 39 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Shartenburg S C	(18) BIRTHPLACE: Dorchester S C
(13) OCCUPATION: Cotton mill Opr	(19) OCCUPATION: Domestic S C
(20) Number of children born to mother, including present birth: 6	(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Francis X Rankin

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Bath S C

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed Jan 26 1923 (28) L W Shradley, 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.

Bureau of Census, Washington, D. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.