

## (1) PLACE OF BIRTH

County of KershawTownship of Laurens

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

90408

Registration District No. 2704 Registered No. 416

(For use of Local Registrar)

(2) Full Name of Child Jesse Clark If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 16 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Pompey Clark(9) PRESENT POSTOFFICE OF FATHER Lugoff & C(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE County(13) OCCUPATION Farm labor(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Hall(15) PRESENT POSTOFFICE OF MOTHER Lugoff & C(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE County(19) OCCUPATION Farm labor(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Harris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

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Registrar

(26) Witness W. G. Burdell

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

(27) Filed 12/15/16 (28) L. H. Harris

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.