

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Vance

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29731

Registration District No. 8418 Registered No. 446  
(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 Jamie Joseph 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) Sex Parents Married? Yes (7) DATE OF BIRTH Feb. 2, 1923  
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Delitcher Clark(9) PRESENT POSTOFFICE OF FATHER Vance(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE to(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rose Lee Clark(15) PRESENT POSTOFFICE OF MOTHER Vance S C(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE S C(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... at 2 ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Delitcher Clark(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
attending at birth Vance S C

Given name added from a supplemental report

(26) Witness a c. B. B. B.  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 19, 1923 (28) W. H. B. B. B.  
Registrar 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.