

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of Columbia

In. Town of

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

3058

Registration District No. 708 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Lettie May Clark

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

(1) SEX OF CHILD	(2) Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married	(5) DATE OF BIRTH
Girl			Yes	Feb 25
				(Name of Month) (Day) (Year)

FATHER		MOTHER	
(6) FULL NAME	<u>L. J. Weatherford</u>	(14) NAME BEFORE MARRIAGE	<u>Lettie Clark</u>
(8) PRESENT POSTOFFICE OF FATHER	<u>Columbia</u>	(16) PRESENT POSTOFFICE OF MOTHER	<u>Columbia</u>
(10) COLOR OR RACE	<u>White</u>	(18) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>47</u>	(17) AGE AT LAST BIRTHDAY	<u>30</u>
(12) BIRTHPLACE	<u>Berkley Co</u>	(15) BIRTHPLACE	<u>Berkley Co</u>
(13) OCCUPATION	<u>Farming</u>	(16) OCCUPATION	<u>Farmer Laborer</u>
(19) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Weatherford(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

(26) Witness Lettie Clark

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

(27) Filed March 23 1923 (28) L. J. Weatherford

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.

MARLIN REMOVED BY MAILING.

WRITE PLAINLY. WITH UPWARD SLANT—THIS IS A PERMANENT RECORD. IN NO CASE OF THIS OR OTHER STATE SHALL BE A SEPARATE SLIP FROM EACH OTHER, AND MUST BE FIRST-CLASS. No. 1. THIS OTHER, No. 2. See. In question 2.

Bureau of Vital Statistics, Columbia, S. C.