

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

66221

County of *York*
Township *Carroll*

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

Inc. Town of Registration District No. *4001* Registered No. *09*
(For use of Local Registrar)
City of (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 *Emma Mae Clark* If child is not yet named, make a provisional report as directed

3) BOY OR GIRL *Girl* (4) Twin or Triplet? (5) Number in order of birth *3* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 11, 1916*
To be answered only in event of twins or triplets (Age of Month) (Day) (Year)

FATHER
9) FULL NAME *Willie Clark*
10) PRESENT POSTOFFICE OF FATHER *Fingerville*
11) COLOR OR RACE *negro* (12) AGE AT LAST BIRTHDAY *34* (Years)
13) BIRTHPLACE *SO*
14) OCCUPATION *Farmer*
15) Number of children born to mother, including present birth *3*

MOTHER
16) NAME BEFORE MARRIAGE *Rhoda Jackson*
17) PRESENT POSTOFFICE OF MOTHER *Fingerville*
18) COLOR OR RACE *negro* (19) AGE AT LAST BIRTHDAY *31* (Years)
20) BIRTHPLACE *SO*
21) OCCUPATION *Domestic*
22) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *alive* at *9* P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Patsy Copeland*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Fingerville*

Given name added from a supplemental report
..... 191.....
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..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Ann H. Burton (27) *Ann H. Burton* 1916 (28) *A. G. Burton* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2. (See instruction 7.)
McCauley of Columbia