

## (1) PLACE OF BIRTH

County of Alcorn  
 Township of Highland  
 of  
 Inc. Town of .....  
 of  
 City of ..... (No. .... St. .... Ward)

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 3505 Registered No. 180  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(1) SEX OR CHILD <u>Girl</u>	(2) Type or Triplet <u>To be answered only in event of Twin or Triplet</u>	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Oct 30, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(6) FULL NAME <u>W. Thomas Clarke</u>			(14) NAME BEFORE MARRIAGE <u>Lillie James Mc</u>	
(7) PRESENT RESIDENCE OF FATHER <u>Westminster St</u>			(15) PRESENT RESIDENCE OF MOTHER <u>same</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(13) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(12) BIRTHPLACE <u>Georgia</u>			(16) BIRTHPLACE <u>Alcorn</u>	
(13) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>House wife</u>	
(18) Number of children born to mother, including present birth <u>1 second</u>			(19) Number of children of this mother now living, including present birth <u>Two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 12:10 PM on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) John S. Brown  
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Westminster St

Given name added from a supplemental report

(24) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (25) John S. Brown (26) John S. Brown  
 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.

\*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.