

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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 Isaac M. Clark

File No.—For State Registrar Only

26485

Registration District No. 23 Registered No. 117
(For use of Local Registrar)

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			<u>June 19, 1922</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac M. Clark(9) PRESENT POSTOFFICE OF FATHER Greenwood, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Greenwood, S.C.(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie May(15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Greenwood, S.C.(19) OCCUPATION Housewife(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 Alive at 1 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Blake(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Greenwood, S.C.

Given name added from a supplemental report

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

(27) Filed June 19, 1922 (28) W. A. Williams 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.

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