

Form No. 3

## (1) PLACE OF BIRTH

County of SumterTownship of Clarkor  
Inc. Town of .....or  
City of .....

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

William Clark

File No.—For State Registrar Only

4408

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2913Registered No. 2

(For use of Local Registrar)

(No. 56; Ward)

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

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married	7 DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb</u> <u>12</u> <u>1920</u>
FATHER.			MOTHER.	
8 FULL NAME <u>William Clark</u>			14 NAME BEFORE MARRIAGE <u>John Clark</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C.</u>			16 PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>	
10 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY (Years) <u>30</u>	12 COLOR OR RACE <u>White</u>	13 AGE AT LAST BIRTHDAY (Years) <u>30</u>	15 BIRTHPLACE <u>Sumter, S.C.</u>
15 OCCUPATION <u>Farmer</u>			16 OCCUPATION <u>Farmer</u>	
20 Number of children born to mother, including present birth <u>1</u>			21 Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) William Clark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Local Registrar

19  
RegistrarWhen 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

or Only

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July, 1920

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P. M.)

Midwife

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