

Form No. 1

(1) PLACE OF BIRTH

County of

Saluda

Township of

No. 1

or

Inc. Town of

or

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

50344

Registration District No.

3900

Registered No.

12

(For use of Local Registrar)

(2) Full Name of Child

James Clark

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 26

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eun Clark

(9) PRESENT POSTOFFICE OF FATHER

Prosperity

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Saluda Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Curry

(15) PRESENT POSTOFFICE OF MOTHER

Prosperity S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Saluda Co

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Catharine Edwards

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Lusville S.P.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 3 1916

(28)

L. J. Edwards

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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.