

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Williamsburg STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Lawe State Board of Health

File No. — For State Registrar Only
66595

Inc. Town of Registration District No. 4305 Registered No. 48
(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 Amiee May Ark | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? - (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1946
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bennie Ark

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Wesburg Co. S.C.

(13) OCCUPATION Farmer Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Gillie Gibbs

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Sumpter Co. S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) [Signature]

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Greenville S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed June 20th 1946 at Albert R. Moreley 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 8.