

(1) PLACE OF BIRTH

County of York
 Township North
 or
 Inc. Town of M. S. Commissioner
 or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

43476

Registration District No. 4401 Registered No. 86
 (For use of Local Registrar)
 City of York (No. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Brown Mendelsohn If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 21
 (Month of Month) (Day) (Year)

FATHER. (10) FULL NAME Paul Robinson Mendelsohn MOTHER. (14) NAME BEFORE MARRIAGE Anna Feyman

(11) PRESENT POSTOFFICE OF FATHER M. S. Commissioner (15) PRESENT POSTOFFICE OF MOTHER M. S. Commissioner

(12) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 29 (17) AGE AT LAST BIRTHDAY 25
 (Years) (Years)

(18) BIRTHPLACE SC (19) BIRTHPLACE SC

(20) OCCUPATION Bus. Mail Carrier (21) OCCUPATION Domestic

(22) Number of children born to mother, including present birth 1 (23) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born at York on the date above stated. (Born alive or stillborn) (Maiden or P. M.)

(25) (Signature) [Signature] (26) State whether Physician or Midwife (27) Address of Physician or Midwife York

When name added from a supplemental report

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

(29) Filed June 8, 1924 (30) S. H. Lane Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child is born once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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