

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK (1) FIRST-BORN, NO. 1; THE OTHER, NO. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York
Township of York
Inc. Town of York
City of York
(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

9562

Registration District No. 4405 Registered No. 32
(For use of Local Registrar)

City of York (No. St. Ward St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William May Farris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother at birth 24 (7) DATE OF BIRTH March 1, 1932
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Hugh Farris
(9) PRESENT POSTOFFICE OF FATHER Filibert #1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)
(12) BIRTHPLACE York Co.
(13) OCCUPATION Farmers
(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Mary Smith
(15) PRESENT POSTOFFICE OF MOTHER Filibert #1
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Year)
(18) BIRTHPLACE York Co.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Farris
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Filibert #1

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in ink) John V. Farris
(27) Filed March 4, 1932 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.