

Form No. 1

(1) PLACE OF BIRTH

County of York  
 Township of S. Charles  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

See Vol 20-1421  
 File No. — For State Registrar Only  
**25296**

Registration District No. 207 Registered No. 20  
 (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

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

|  |  |  |   |  |
|--|--|--|---|--|
| 3) BOY OR GIRL<br><u>Boy</u>   | 4) Twin or Triplet?<br>To be answered only in event of Twins or Triplets | 5) Number in order of birth                      | 6) Are Parents Married?<br><u>Yes</u>   | 7) DATE OF BIRTH<br><u>July 20, 23</u><br>(Month) (Day) (Year) |
| FATHER   |  |  | MOTHER  |  |
| 8) FULL NAME<br><u>York David</u>  |  |  | 14) NAME BEFORE MARRIAGE<br><u>Georgia Wilson</u>                                     |  |
| 9) PRESENT POSTOFFICE OF FATHER<br><u>S. Charles</u>                       |  |  | 15) PRESENT POSTOFFICE OF MOTHER<br><u>S. Charles</u>                                 |  |
| 10) COLOR OR RACE<br><u>col</u>  | 11) AGE AT LAST BIRTHDAY<br><u>45</u><br>(Years)                         | 16) COLOR OR RACE<br><u>col</u>                  |   |  |
| 12) BIRTHPLACE<br><u>SC</u>  |  | 17) AGE AT LAST BIRTHDAY<br><u>20</u><br>(Years) |   |  |
| 13) OCCUPATION<br><u>Farmer</u>  |  | 18) BIRTHPLACE<br><u>SC</u>                      |   |  |
| 19) OCCUPATION<br><u>Farmer</u>  |  | 19) OCCUPATION<br><u>Labourer</u>                |   |  |
| 20) Number of children born to mother, including present birth<br><u>3</u> |  |  | 21) Number of children of this mother now living, including present birth<br><u>3</u> |  |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Laura Wilson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Phys. S. Charles

(Given name added from a supplemental report)

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

(27) Filed Sept 1, 23 by Paul A. Cherry  
 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.

R. 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 3.  
 Bureau of Columbia, Columbia, S. C.