

(1) PLACE OF BIRTH

County of YorkTownship of Bethel

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

45013

Registration District No. 4400Registered No. 67

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child William David Tetter

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

(3) BOY OR GIRL

Boy

(4) Twin

one

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 21 1913

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Bill Tetter

(9) PRESENT POSTOFFICE OF FATHER

York # 8

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Paul Lawing

(15) PRESENT POSTOFFICE OF MOTHER

York # 8

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Home Wife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 11 ..... A. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) John B. Campbell

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Chloe # 2

Given name signed from a supplemental report

2/8/43

191.....

W. T. Woodward Registrar

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

Jan 8 1913(28) V. A. Quinn 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.

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FORM NO. 2  
 WHEN NO ATTENDING PHYSICIAN OR MIDWIFE ATTENDED THE BIRTH, THIS IS A SUPPLEMENTAL REPORT.  
 WHEN PLACED, WITH UNFADING INK—THIS IS A SUPPLEMENTAL REPORT.  
 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.