

No. 11—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 6.

(1) PLACE OF BIRTH
County of Richmond
Township of
or
Inc. Town of
or
City of Hamlinville
(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
36174

Registration District No. 384 Registered No. 1-7-58
(For use of Local Registrar)
St.; 3 Ward)
(2) Full Name of Child Evirette Leroy Yorke } If child is not yet named, make supplemental report as directed

(3) BORN <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>✓</u>	(7) DATE OF BIRTH <u>Oct 10 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>Lennie Ira Yorke</u>			(14) NAME BEFORE MARRIAGE <u>Elyahut Bridgman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlinville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlinville</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>		(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Raymond Co. Ga.</u>			(18) BIRTHPLACE <u>Fitzgerald Ga.</u>	
(13) OCCUPATION <u>Motorman St Rwy</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:25 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Mollen
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1408 Hampton Ave.

Given name added from a supplemental report
..... 191
..... Registrar

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

(27) Filed 1-15-1923 191
..... 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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