

# PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

No. 12. - For State Registrar Only

12770

Registration No. 30A

Registered No. 70  
 (For use of Local Registrar)

(No.        St.        Ward       )

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

### (1) Full Name of Child

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

2. SEX OR MALE 4. Twin or Triplet        5. Number in order of birth        6. Age Parents Married        7. DATE OF BIRTH July 12 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

#### FATHER.

#### MOTHER.

8. FULL NAME John A. Williams 14. NAME BEFORE MARRIAGE John A. Williams  
 9. PRESENT POSTOFFICE OF FATHER York, S.C. 15. PRESENT POSTOFFICE OF MOTHER York, S.C.  
 10. COLOR OR RACE White 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 35 18. AGE AT LAST BIRTHDAY 35  
 11. BIRTHPLACE York, S.C. 19. BIRTHPLACE York, S.C.  
 12. OCCUPATION Farmer 20. OCCUPATION Farmer  
 21. Number of children born to mother, including present birth 3 22. Number of children of this mother now living, including present birth 3

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M. 11:30)

(24) (Signature) John A. Williams (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report

(27) Witness John A. Williams (Signature of Witness necessary only when question 23 is signed by mark)

(28) John A. Williams 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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