

* By Court Order: 3/3/75

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		92435	
Township of <u>West</u>		Bureau of Vital Statistics			
Inc. Town of <u>York</u>		State Board of Health			
City of <u>York</u>		Registration District No. <u>1213</u>		Registered No. <u>1</u>	
(If birth occurs in a hospital) or other institution, give name of same instead of street and number.		* <u>Samuel Thomas Timmons</u>		(For use of Local Registrar)	
(No. <u>1</u> St. <u>1</u> Ward <u>1</u>)					
(2) Full Name of Child <u>Louis Samuel Timmons</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 10, 1967</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Samuel Thomas Timmons</u>			(14) NAME BEFORE MARRIAGE <u>Louis M. Samuels</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>York, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>York, S.C.</u>			(16) COLOR OR RACE <u>White</u>		
(13) OCCUPATION <u>Household</u>			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(20) Number of children born to mother, including present birth <u>5</u>			(18) BIRTHPLACE <u>York, S.C.</u>		
			(19) OCCUPATION <u>Housekeeper</u>		
			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>York, S.C.</u>					
Given name added from a supplemental report			(26) Witnesses <u>[Signatures]</u>		
<u>C.O.# 8212</u>			(Signature of Witness necessary only when question 23 is signed by parent)		
<u>Filed 3/20/75</u>			(27) Filed <u>3/11/75</u>		
Registrar			(28) <u>[Signature]</u> 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.					