

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19167

Registration District No. 4002 Registered No. 25
 (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

SEX OF CHILD Boy (4) Twin or Triplet ✓ (5) Number in order of birth 6 (6) Are Parents Married Yes (7) DATE OF BIRTH June 27, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wyatt William(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Year)(12) BIRTHPLACE V.C.(13) OCCUPATION Farming(14) Number of children born to father, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Hughes(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Year)(18) BIRTHPLACE V.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 6:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Mrs. M. J. Barrett (23) State whether Physician or Midwife Physician
 (24) Mrs. M. J. Barrett

Given name added from a supplement-
 tal report

(25) Witness W. B. Blackwell (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 6/30 23 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.