

(1) PLACE OF BIRTH

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

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

FILE - For State Registrar Only
38042

Registration District No. 4400 Registered No. 40
 (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.)

(2) Full Name of Child

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

1. BOY OR GIRL Boy 2. Type or Triplet To be answered only in event of Twin or Triplet 3. Number in order of birth 1 4. Are Parents Married Yes 5. DATE OF BIRTH Nov 2 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

6. FULL NAME Robert Morrow
 7. PRESENT POSTOFFICE OF FATHER Clown O.C. P.O. #2
 8. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 9. BIRTHPLACE I.C.
 10. OCCUPATION Farmer
 12. Number of children born to mother, including present birth 1

13. NAME BEFORE MARRIAGE Maude Oyer
 14. PRESENT POSTOFFICE OF MOTHER Clown O.C. P.O. #2
 15. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
 16. BIRTHPLACE P.C.
 18. OCCUPATION Housewife
 19. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(24) (Signature) M. S.

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Clown O.C. P.O. #2

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(29) Filed Nov 7 1923 (30) 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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