

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5552

Registration District No. 4408 Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child Jane Black

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

(3) BOY OR GIRL — (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur L. Black
 (9) PRESENT POSTOFFICE OF FATHER York S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Farmer & Merchant
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lindsey Clark
 (15) PRESENT POSTOFFICE OF MOTHER York
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE York Co
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. A. Tralton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

York S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 4 1923

(28)

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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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 4.

RECEIVED BY COLUMBIA, COLUMBIA S. C.