

(1) PLACE OF BIRTH

County of York  
Township of Passapatanz  
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  
**3709**

Registration District No. 1206 Registered No. 17  
(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 John Ross if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11 19 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Ross  
(9) PRESENT POSTOFFICE OF FATHER Yorkland S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Yorkland S.C.  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Burch  
(15) PRESENT POSTOFFICE OF MOTHER Passapatanz S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)  
(18) BIRTHPLACE Yorkland S.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. D. Wagonland S.C.

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 2/16 19 .....

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.

Registrar.

Registrar.

Registrar.