

(1) PLACE OF BIRTH

County of York  
Township of .....  
or  
Inc. Town of .....  
or  
City of York (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

70940

Registration District No. 4406 Registered No. 52  
(For use of Local Registrar)  
St.; ..... Ward

(2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 7 (5) Number in order of birth 7 (6) Are Parents Married? Y (7) DATE OF BIRTH June 25  
To be answered only in event of Twins or Triplets (8 of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Harry Deeds Housley

MOTHER.  
(14) NAME BEFORE MARRIAGE Ella Parker

(9) PRESENT POSTOFFICE OF FATHER York

(15) PRESENT POSTOFFICE OF MOTHER York

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE York

(18) BIRTHPLACE York

(13) OCCUPATION Barber

(19) OCCUPATION Barber

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 3<sup>rd</sup> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Seery

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filled 11-6 (25) A. L. Parks 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.

before the fifth month of pregnancy.