

## (1) PLACE OF BIRTH

County of CharlestonTownship of Savillaor  
Inc. Town of .....or  
City of .....(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 1313 Registered No. 15  
(For use of Local Registrar)(2) Full Name of Child Margaret Alice York (If child is not yet named; make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10 21  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hugh York(9) PRESENT POSTOFFICE OF FATHER Jordan S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(22) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Martin(15) PRESENT POSTOFFICE OF MOTHER Jordan S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Max Weather  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 119

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 18 (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.