

MARGIN HERE: TO BE FOLDED.

WITH PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OFFICE, No. 2, etc. in question 5.

State of South Carolina, Columbia, S. C.

(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

2518

Registration District No. 4001 Registered No. 4
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same, house or street and number.)
City of York (No. 1 Ward)

(2) Full Name of Child

(3) BOY OR GIRL
Boy

(4) Twin or Triplet?
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Age Parity
Married

(7) DATE OF BIRTH
(Month) (Day) (Year)
Jan 9 1922

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name of child from a supplemental report

M. B. W. M. B.

6/3/43 19 43

Registrar

(26) Witness

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

(27) Filed Jan 25 1922

(28) Mrs. J. C. White 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.

*If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.