

(1) PLACE OF BIRTH

County of UnionTownship of UnionIn Town of UnionCity of Union

If born 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

22790

Registration District No. 42 A Registered No. 115
(For use of Local Registrar)
(No. 3 Inward St. 4 Ward)(2) Full Name of Child Irma Elizabeth Yarbore If child is not yet named, make supplemental report as directed(4) Twin or triplet? no (5) Number in order of birth 1
If born in a hospital or other institution, give name of same instead of street and number.

FATHER.

(14) NAME BEFORE MARRIAGE Norton Yarbore(15) PRESENT POSTOFFICE OF FATHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Faucesster Co(19) OCCUPATION Mill work(20) Number of children born to mother now living, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Vennard(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I, Dr. J. H. Yarbore, certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour 2:45 M. (Date July 26 M. (Year 1923))(22) (Signature) J. H. Yarbore (23) Address of Physician or Midwife Union S.C.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union S.C.

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

(27) Filed 8 10 23 (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.