

(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
20554

Registration District No. 4406 Registered No. 43
 (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 Girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1922

FATHER: (8) FULL NAME Julius Pinkney Crook (9) PRESENT POSTOFFICE OF FATHER HT Mer 26 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 61 (Years)

MOTHER: (14) NAME BEFORE MARRIAGE Ellice M. Crook (15) PRESENT POSTOFFICE OF MOTHER HT Mer 26 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE 22.50. (18) BIRTHPLACE 22.50.

(13) OCCUPATION Farming (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10 (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 on the date above stated. (Born alive or stillborn)

(23) (Signature) M. Crook (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York

Given name added from a supplemental report

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

(27) Filed 1/1/22 (28) X 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.