(1) PLACE OF BIRTH

County of Fairfield

Township of XX 9

or

Town of

or

City of

CERTIFICATE OF BIRTH

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

No. 17546

Registration District No. 1908 Registered No. 27
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

(2) Full Name of Child Matty Lee Yarbro (If child is not yet named, make supplemental report as directed)

(3) Sex of Child Girl (4) Twin or Triplet X (5) Number in order of birth 2 (6) Are Twins Number 7-3 (7) Date of Birth June 3 1923 (Month) (Day) (Year)

To be reported only in event of Twins or Triplets

FATHER.

(8) Full Name Ira Yarbro

(9) Present Postoffice of Father Winnsboro

(10) Color or Race col (11) Age at last birthday 21 (Years)

(12) Birthplace Fairfield Co

(13) Occupation Publishing

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) Name before marriage Elora Hill

(15) Present Postoffice of Mother Winnsboro

(16) Color or Race col (17) Age at last birthday 20 (Years)

(18) Birthplace Fairfield Co

(19) Occupation Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Betty Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winnsboro

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 19 1923 (28) D. C. Ruff
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.