

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of Yorkor
City of York

If birth occurs 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

19376

Registration District No. 3105Registered No. 05
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3 BOY OR GIRL?

4 Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married?

(7) DATE OF

BIRTH 11 19 37
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 22

(Years)

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/3 1937(28) J. P. Lybrand Local Registrar.

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.

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