

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of York

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16226

Registration District No. 44-ARegistered 23
 (For use of Local Registrar)

City of York (No. 44-A St. 23 Ward 44)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

2) Full Name of Child Louise Lee Mearns If child is not yet named, make supplemental report as directed later

3) SEX OR GENDER Female (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 25 1913
 (Name of Month) (Day) (Year)

FATHER.

1) FULL NAME Heaton M. Mearns
 2) PRESENT POSTOFFICE OF FATHER York S.C.
 3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)
 4) BIRTHPLACE York S.C.
 5) OCCUPATION Farmer

6) Number of children born to mother, including present birth 10

MOTHER.

10) NAME BEFORE MARRIAGE Virginia Mearns
 11) PRESENT POSTOFFICE OF MOTHER York S.C.
 12) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)
 13) BIRTHPLACE York S.C.
 14) OCCUPATION Domestic
 15) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21) I hereby certify that I attended the birth of this child, who was born alive at York S.C. (Hour A. M. or P. M. M.)
 on the date above stated.

(23) (Signature) Heaton M. Mearns
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife York S.C.

26) Name added from a supplemental report

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

(27) Filed May 26 1913

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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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