

(1) PLACE OF BIRTH

County of YorkTownship of Bethelor  
Inc. Town of .....

or

City of .....

(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

24300

Registration District No. 4400 Registered No. 24

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May, 24, 22</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME OF FATHER <u>W. L. Adams</u>	(9) NAME BEFORE MARRIAGE OF MOTHER <u>A. Webb. Stanton</u>
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(10) PRESENT POSTOFFICE OF FATHER <u>York S. C. R. D. #6</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>York S. C. R. D. #6</u>
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(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>
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(16) BIRTHPLACE <u>S. C.</u>	(17) BIRTHPLACE <u>S. C.</u>
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(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. Dulin(24) State whether Physician or Midwife (25) Address of Physician or Midwife slow S. C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed July 12 191..... (28) W. H. Dulin 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.

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