

FORM NO. 1
 MARGIN RESERVED FOR BINDING.
 WHITE PLAIN, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of York
 Township of Beach Bluffs

Inc. Town of _____
 or _____

City of _____ (No. _____ St. _____ Ward _____)
 (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

42987

Registration District No. 4008 Registered No. 391

(For use of Local Registrar)

(2) Full Name of Child William Franklin Junior 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> | (5) Number in order of birth <u>1st</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>10, 12, 23</u> (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Joe R. Prince</u> | | (14) NAME BEFORE MARRIAGE <u>Wilmer Junior</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Yorktown #3</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Yorktown #3</u> | | |
| (10) COLOR OR RACE <u>W</u> | (11) AGE AT LAST BIRTHDAY <u>35</u> (Years) | (16) COLOR OR RACE <u>W</u> | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) | |
| (12) BIRTHPLACE <u>SC</u> | | (18) BIRTHPLACE <u>SC</u> | | |
| (13) OCCUPATION <u>mechanic</u> | | (19) OCCUPATION <u>house DR</u> | | |
| (20) Number of children born to mother, including present birth <u>6</u> | | (21) Number of children of this mother now living, including present birth <u>6</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Yorktown #3

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-1-24

(28) 1924

(29)

Mrs. E. J. Parker
 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.