

(1) PLACE OF BIRTH

County of York
 Township of York
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12514

Registration District No. 4408Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Rebecca M. Mearns (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

Single

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 4/12 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam M. Mearns

(9) PRESENT POSTOFFICE OF FATHER

York #5-R.F.D.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

York Co S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Thomas

(15) PRESENT POSTOFFICE OF MOTHER

York #5-R.F.D.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

York Co S.C.

(19) OCCUPATION

House wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 9 A.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

J. H. Mearns, M.D.
Charleston S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

April 14 1923

(28)

Rebecca Mearns
 Local Registrar

19
 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.

before the fifth month of pregnancy.