

WRITE PLAINLY. WITH UNWRITING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of York
Township of King's Mtn.
OF
Inc. Town of Flower
OF
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

No. — For State Registrar Only

5548

Registration District No. 4409Registered No. 12
(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 To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 2, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John DeGraaf</u>			(14) NAME BEFORE MARRIAGE <u>Annis May Brumby</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Princeton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Princeton S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Princeton S.C.</u>			(18) BIRTHPLACE <u>Princeton S.C.</u>	
(13) OCCUPATION <u>Cotton Mill worker, usually</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at 7 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Wm. C. Crow

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Princeton S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed March 8, 1923

(28)

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.

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.