

(1) PLACE OF BIRTH

County of York
 Township of Livingston
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

Registration District No. 4407

Registered No. 1111
 (For use of Local Registrar)

City of (No. of street and number.)
 (If birth occurs in a hospital or other institution, give name of institution.)

(2) Full Name of Child Daisy Louise Petty If child is not yet named, make

(3) SEX OF CHILD girl (4) TIME OF BIRTH 11:30 (5) DATE OF BIRTH April 7, 1923

FATHER: (6) NAME Y. B. Petty (7) OCCUPATION Farmer
 (8) COLOR W (9) AGE AT LAST BIRTHDAY 45
 (10) BIRTHPLACE Yuston Co. W. Va.
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 11

MOTHER: (13) NAME Adams (14) OCCUPATION Housewife
 (15) COLOR W (16) AGE AT LAST BIRTHDAY 45
 (17) BIRTHPLACE W. Va.
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(21) (Signature) [Signature] (22) Address of Physician or Midwife [Address]
 (23) State whether Physician or Midwife [State]

Given name added from a subsequent report
 (24) Witness (Signature of Witness necessary only when question 23 is signed by physician) [Signature]
 (25) Signed [Signature] 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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