

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
18897

County of York
Township of Great
or
Inc. Town of
or
City of

Registration District No. 2313

Registered No. 46
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child.

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth To be numbered only in case of Twins or Triplets (6) Are Yes Parent Married? (7) DATE OF BIRTH June 30 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pink Redding
(9) PRESENT POSTOFFICE OF FATHER Taylor R-1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Henderson County N.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Charmie Baker
(15) PRESENT POSTOFFICE OF MOTHER Taylor S.C. R-1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Seneca S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1-20 h on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. McDaniel
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Taylor S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 8 1922 (28) Blanch W. Moore 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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