

Form No. 1

(1) PLACE OF BIRTH

County of LancasterTownship of Indian Land

Inc. Town of

City of

(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

Registration District No. 2805No. 41225 - For State Register Only

41225

Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <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>Nov. 24, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David H. Yarbrough</u>			(14) NAME BEFORE MARRIAGE <u>Maggie S. Collins</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Oconee S.C. #1</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Oconee S.C. #1</u>	
(10) COLOR OF RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OF RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Lancaster Co. S.C.</u>			(18) BIRTHPLACE <u>York County S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1 3</u>			(21) Number of children of this mother now living, including present birth <u>1 3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born alive or stillborn) (Sign A. M. or P. M.)(23) (Signature) Rose Anna McWhee(24) State whether, Physician or Midwife
Midwife(25) Address of Physician or Midwife
Oconee S.C. #1

Given name added from a supplemental report

(26) Witness

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

(27) Signed JAN 10 1924(28) J. A. Pierce

Registrar

When there was no attending physician or midwife, sign the father, householder, etc., should sign, and if a child breathes even once, it must not be reported as stillborn. No report is desired or required before the birth month of pregnancy.

WRITED PLAINLY. USE PREVIOUS EDITIONS IN ADVANCE OF THIS ONE. 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 2.