

FORM NO. 5. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only
47745-3

Township of Excelsior
 or
 Inc. Town of York Registration District No. 4405 Registered No. 3
 or
 City of York (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Tate If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? yes (5) Number in order of birth
To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH—January 2, 1914
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Will Tate
 (9) PRESENT POSTOFFICE OF FATHER York
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 3 (Years)
 (12) BIRTHPLACE at Bill oates York Co S
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Bessie Tate
 (15) PRESENT POSTOFFICE OF MOTHER York
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE York Co S
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. Will for
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife

Given name added from a supplemental report
Weala, 1914
 Registrar

(26) Witness W. Winter (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1/11/1914 (28) J. R. Miller 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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