

(1) PLACE OF BIRTH

County of York
 Township of Bella
 or
 Inc. Town of
 or
 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

File No.—For State Registrar Only
32714

Registration District No. 44.00 Registered No. 40
 (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>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small> <u>13</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 23, 22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Payton Kirk
 (9) PRESENT POSTOFFICE OF FATHER Clown S.C. R.R. #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Ferguson
 (15) PRESENT POSTOFFICE OF MOTHER Clown S.C. R.R. #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth Eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. H. Sullivan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Clown S.C. R.R. #2

Given name added from a supplemental report

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

(27) Filed Oct 4, 1922 (28) W. H. Sullivan
 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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McCauley, C. Columbia, S. C. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.