

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
12416

Registration District No. 4408Registered No. 12
(For use of Local Registrar)

(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

Julius Tietstuen

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

3. BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH

Feb 14 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Julius Tietstuen

9. PRESENT POSTOFFICE OF FATHER

York

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30
(Years)

12. BIRTHPLACE

York SC

13. OCCUPATION

Mill Op.

20. Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Tietstuen

(15) PRESENT POSTOFFICE OF MOTHER

York SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

York SC

(19) OCCUPATION

Mill Op.

(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 Alive at 10:30 A. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. S. Bratten

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

York SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 1 1923

(28)

Bessie Bannin

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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