

(1) PLACE OF BIRTH

County of Yone

Township of

or 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 HealthRegistration District No. 44.06Registered No. 90
(For use of Local Registrar)

(2) Full Name of Child

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

(a) SEX OF CHILD <u>Male</u>	(b) Type of Birth To be answered only in event of Twins or Triplets	(c) Number in order of birth <u>1</u>	(d) Age of Parent Married <u>yes</u>	(e) DATE OF BIRTH (Name of Month) (Day) (Year) <u>11-18-23</u>
FATHER			MOTHER	
(1) FULL NAME <u>Ben Hart</u>			(14) NAME BEFORE MARRIAGE <u>Ruth Martin</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Fort Mill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Mill S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Year)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)	
(12) BIRTHPLACE <u>B.C.</u>		(18) BIRTHPLACE <u>B.C.</u>		
(13) OCCUPATION <u>Self</u>			(19) OCCUPATION <u>None</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ben Hart at Fort Mill S.C. on the date above stated.(23) (Signature) James H. Hart

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Give name added from a supplemental report

(27) Witness

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

(28) Filed 12-14-23(29) A. F. Parker
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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