

(1) PLACE OF BIRTH

County of York
 Township of 5
 or
 Inc. Town of 6
 or
 City of St. Ward

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16746

Registration District No. 472 Registered No. 38
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 5/13/22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (14) NAME BEFORE MARRIAGE Wm. Dyer

(8) FULL NAME William Dyer (15) PRESENT POSTOFFICE OF MOTHER G.S.

(9) PRESENT POSTOFFICE OF FATHER W.S. (16) COLOR OR RACE Wk (17) AGE AT LAST BIRTHDAY 24
 (Year)

(10) COLOR OR RACE Wk (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE SC

(13) OCCUPATION Day Laborer (18) BIRTHPLACE SC

(19) OCCUPATION Dyer

(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:30 P.M. on the date above stated: (How long after P.M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife H. S.

Given name added from a supplemental report: (26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 25, 1922 (28) Mrs. J. C. White 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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