

U. S. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of York  
 Township of Holly Creek  
 or Town of .....  
 or City of ..... (No. .... St. .... Ward ....)

Registration District No. 3/08 Registered No. 10  
 (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** James S. Price If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>-</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15, 1923</u> (Month) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
(8) FULL NAME <u>James Price</u>				(14) NAME BEFORE MARRIAGE <u>James Price</u>
(9) PRESENT POSTOFFICE OF FATHER <u>York, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)
(12) BIRTHPLACE <u>York, S.C.</u>		(18) BIRTHPLACE <u>York, S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>10</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report

James S. Price  
June 8, 1923

(26) Witness (Signature of Witness necessary only when question 23 is signed) [Signature]

(27) Filed Apr 10, 1923 (28) [Signature] 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.

\*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.