

(1) PLACE OF BIRTH

County of *York*Township of *York Mills*Inc. Town of *York Mills*City of *York Mills*

(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

45060

Registration District No. *2* Registered No. *96*

(For use of Local Registrar)

2) Full Name of Child *Ranah Elizabeth Mack* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

Is he answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec 14 1920*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. M. Brock*(9) PRESENT POSTOFFICE OF FATHER *York Mills S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *43* (Years)(12) BIRTHPLACE *York Mills S.C.*(13) OCCUPATION *Mill Operative*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jose Lytle*(15) PRESENT POSTOFFICE OF MOTHER *York Mills S.C.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *30* (Years)(18) BIRTHPLACE *York Mills S.C.*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. M. M. M.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

James S. 1916
York Mills
Drift Registrar

(26) Witness

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

(27) Filed *Dec 30 1920*(28) *W. H. M. M. M.* 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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WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 X. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

W. H. M. M. M.
 McCaw