

## (1) PLACE OF BIRTH

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

7655

Registration District No. 3201 Registered No. 18  
 (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 William Henry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>William Henry</u>			(14) NAME BEFORE MARRIAGE <u>William Henry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Years) <u>3</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>3</u>	
(12) BIRTHPLACE <u>York</u>		(18) BIRTHPLACE <u>York</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</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 A. M. or P. M.)

(23) (Signature) William Henry  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife York

Given name added from a supplement-  
 al report

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

(27) Filed March 1922 (28) William Henry 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.