

(1) PLACE OF BIRTH

County of YorkTownship of Union

OF

Inc. Town of York

OF

City of York

(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

No. 10.—For State Registrar Only

3321

Registration District No. 10A Registered No. 52

(For use of Local Registrar)

(No. 9 St. 1 Ward)

(2) Full Name of Child

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

(3) <u>Female</u> CHILD	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25 1923</u> (Name of Month) (Day) (Year)
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FATHER (8) FULL NAME <u>John Dilling</u> (9) PRESENT POSTOFFICE OF FATHER <u>Goff SC RD 8</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>39</u> (Year) (12) BIRTHPLACE <u>Cherokee Co. Ga.</u> (13) OCCUPATION <u>Truck Driver</u>		MOTHER (14) NAME BEFORE MARRIAGE <u>Annie Lovelace</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Goff SC RD 8</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (Year) (18) BIRTHPLACE <u>Rutherford Co. Ga.</u> (19) OCCUPATION <u>Home Wifes</u> (20) Number of children born to mother, including present birth <u>9</u> (21) Number of children of this mother now living, including present birth <u>7</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Normal live or stillborn) (Stillborn) (M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) March 10 1923 (28) J. B. Smith 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.