CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
54223

(1) PLACE OF BIRTH

County of York

Township of York

or

Inc. Town of ..... Registration District No. 44.08 Registered No. 21
(For use of Local Registrar)

or

City of ..... (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. Ruth Youngblood ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		Yes	2, 12, 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	Emma Youngblood
(9) PRESENT POSTOFFICE OF FATHER	—	(15) PRESENT POSTOFFICE OF MOTHER	York S. C. R.F.D. 2
(10) COLOR OR RACE	—	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	—	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	—	(18) BIRTHPLACE	York Co. S. C.
(13) OCCUPATION	—	(19) OCCUPATION	Home work
(20) Number of children born to mother, including present birth	1	(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 1 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. S. Pearson

(24) State whether Physician or Midwife: Physician

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

Given name added from a supplemental report
..... 191....
..... Registrar

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

(27) Filed March 4 1916 (28) Jno. I. Barron
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.

McCaw, of Columbia.
WRITE PLAINLY. WHEN UNCERTAIN, ENQUIRE.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.