

(1) PLACE OF BIRTH

County of W. York

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1908

Registered No. 22
(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 William James

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

(3) SEX OF CHILD Male (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Parent 26 (7) Date of Birth Dec 1 1908
To be completed in case of Twin or Triplet

FATHER

(8) FULL NAME

(9) PRESENT ADDRESS OF FATHER

(10) COLOR White (11) AGE AT LAST BIRTHDAY 35

(12) BIRTHPLACE

(13) OCCUPATION

(14) Name of child born to mother, including present name

MOTHER

(15) NAME BEFORE MARRIAGE Mary J. ...

(16) PRESENT ADDRESS OF MOTHER

(17) AGE AT LAST BIRTHDAY 35

(18) BIRTHPLACE

(19) OCCUPATION

(20) Name of child of the mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the 1st day of Dec 1908.

(22) (Signature) Laura ... (23) Name of Physician or Midwife ...

(24) Name of child (born or adopted)

(25) Date of report