

504ack.
5/24/44
H.P.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

Form No. 3

1. PLACE OF BIRTH

County of Sumter
Township of Concord
or
Inc. Town of _____
or
City of Sumter RFD (No. _____ St.; _____ Ward)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No. 23 048049
00698

Registration District No. 4100 Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD ESSIE YORK (If birth occurs in a hospital or other institution, give name of same instead of street and number)
(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 _____ 6. Are Parents Married? yes 7. DATE OF BIRTH May 12, 1923
(Name of Month) (Day) (Year)

FATHER
8. FULL NAME Pierson York
9. ADDRESS AT CHILD'S BIRTH Sumter RFD
10. COLOR OR RACE Negro 11. AGE AT CHILD'S BIRTH 21 (Years)
12. BIRTHPLACE Sumter S.C.
13. OCCUPATION Farmer
20. Number of children born to mother, including present birth 6

MOTHER
14. NAME BEFORE MARRIAGE Levina Hudson
15. ADDRESS AT CHILD'S BIRTH Sumter RFD
16. COLOR OR RACE Negro 17. AGE AT CHILD'S BIRTH 27 (Years)
18. BIRTHPLACE Sumter S.C.
19. OCCUPATION Housewife
21. Number of children by this mother now living, including present birth 5

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 Julia Flinn
24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife _____

Given name added from a supplemental report
W. B. Borden 104 _____
Registrar

26. Witness Wm Prince James Wicks (Signature of Witness necessary only when question 23 is signed by mark)
27. Filed May 31 19 44 28. L. A. Riser, M.D. 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.