

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor Inc. Town of YorkCity 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

File No. - For this Register

18226

Registration District No. 44-CRegistered No. 21
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Type or Trade Is in service only in case of Trade or Trade	5) Number in order of birth	6) Age Months <u>for</u>	7) DATE OF BIRTH <u>May 2 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Emmet Stewart</u>			14) NAME BEFORE MARRIAGE <u>Effie Rogers</u>	
9) PRESENT POST OFFICE OF FATHER <u>York S.C.</u>			15) PRESENT POST OFFICE OF MOTHER <u>York S.C.</u>	
16) COLOR OR RACE <u>White</u>			17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
18) BIRTHPLACE <u>York S.C.</u>			19) COLOR OR RACE <u>White</u>	
20) OCCUPATION <u>Mill Hand</u>			21) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
22) BIRTHPLACE <u>York Co</u>			23) OCCUPATION <u>House w/c</u>	
24) Number of children born to mother, including present birth <u>3</u>			25) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(27) (Signature) John S. Dawson(28) State whether Physician or Midwife Physician(29) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

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

(31) Filed May 3 1923 (32) John S. Dawson 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.

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