

a. 1

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only

18650

Registration District No. 2012 Registered No. 44
 (For use of Local Registrar)

(2) Full Name of Child

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF

BIRTH 5/24 1920
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 42
 (Years)

12. BIRTHPLACE

13. OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 31
 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

20. Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....at.....M.,
 on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Thompson

(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 mark)

(27) Filed 6/3 1920(28) A. S. H. Registrar

When there was no attending physician or midwife, then the father, household, 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.

MAKING RESERVE FOR BINDING.
 WRITE PLAINLY. WITH READING 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. THIS OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.