

(1) PLACE OF BIRTH

County of YorkTownship of Bethel

or

Inc. Town of

or

City of

(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 State Registrar Only

24304

Registration District No. 4400Registered No. 58

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

5

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 21 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. L. Justice

(9) PRESENT POSTOFFICE OF FATHER

York S.C. P.O. #6

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

State Constable

(14) Number of children born to mother, including present birth

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Robinson

(15) PRESENT POSTOFFICE OF MOTHER

York S.C. P.O. #6

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 18 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. H. Bulfinch

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

York S.C. P.O. #2

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 12 1912(28) Dr. Ford

(29) 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.

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.