

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16743

Registration District No. 4002 Registered No. 34
 (For use of Local Registrar)

(No. St.; Ward)
 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.

(2) Full Name of Child

1. BOY OR GIRL Boy
 4. Twin or Triplet? Triplet
 To be answered only in event of Twins or Triplets

(5) Number in order of birth 1
 (6) Are Parents Married? Yes

(7) DATE OF BIRTH May 3 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Richard J. Felt

9. PRESENT POSTOFFICE OF FATHER York 3

10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

12. BIRTHPLACE York

13. OCCUPATION Farmer

14. Number of children born to mother, including present birth 7

(14) NAME BEFORE MARRIAGE Richard J. Felt

(15) PRESENT POSTOFFICE OF MOTHER York 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE York

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Hour and A.M. or P.M.)

(23) (Signature) D. D. Smith

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife York

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 15 1922

(28) Wm. J. C. White 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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