

(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

No. — For State Registrar Only
38005

Registration District No. 4406 Registered No. 92
 (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.)

(2) Full Name of Child

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

(a) SEX OF CHILD <u>Boy</u>	(c) Twin or Triplet? To be answered only in event of Twin or Triplet	(d) Number in order of birth <u>1</u>	(e) Are Parents Married? <u>Yes</u>	(f) DATE OF BIRTH <u>May 25, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(a) FULL NAME <u>William Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Matie Young</u>	
(b) PRESENT POSTOFFICE OF FATHER <u>York</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Black</u>		
(12) BIRTHPLACE <u>York</u>	(13) OCCUPATION <u>Laborer</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)		
(18) BIRTHPLACE <u>York</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 6.9 M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 22 is signed by mother)

(27) Filed 12-13-23 (28) A. F. Parker 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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