

WARNING—PRINT WITH OBTAINING INK—THIS IS A PERMANENT RECORD.
In case of TWINS, TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of York
Township of York
OF
Inc. TOWN of
OF
City of

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

File No.—For State Registrar Only

0567

Registration District No. 4488

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child Ferman Bailey
(If birth occurs in a hospital, give name of same instead of street and number.)
(No. Waugh Sec. 37 Ward)
If child is not yet named, make supplemental report as directed

(3) BOY or GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH March 19 1942
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wesley N. Bailey
(9) PRESENT POSTOFFICE OF FATHER York SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)
(12) BIRTHPLACE York Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Towler
(15) PRESENT POSTOFFICE OF MOTHER York SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Year)
(18) BIRTHPLACE York Co
(19) OCCUPATION House wife
(21) 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 female (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Jas. L. Sasser
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York SC
affid.

Given me added from a supplemental report
M. B. Woodward Jr. D. (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
6/19/42 19 March 15 1942 (27) Filed March 15 1942 (28) Jas. L. Sasser 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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