

CERTIFICATE OF BIRTH

County of Indiana

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

159

Township of

or

Inc. Town of

01
01

Registration District No. _____

Registered No. 13

(For use of Local Registrar)

City of Chicago (No. 103) St. 6 Ward 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oscar York

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

(3) 30 YR OR
GIRL

(4) Twin

(5) Number in

(6) Arg 4

(7) DATE OF

BIRTH June 14 1912
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Bill G. G. G.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 34 (Years)

(15) BIRTHPLACE: _____

(11) OCCUPATION

(20) Number of children born to mother, including present birth 4

MOTHER:

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(15) BIRTHPLACE _____

(19) OCCUPATION _____

(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 John at 9 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(133) (Signature) *[Handwritten Signature]*

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife.
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Given name added from a supplement
al report

(?C) Witness

(Signature of Witness necessary only
when question 33 is signed by mark)

(27) Filed 191..... (28)

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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