

(1) PLACE OF BIRTH

County of YorkTownship of Amherstor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emma Costner

File No.—For State Registrar Only

16290

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4405Registered No. 35

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL girl(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH May 3, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Costner(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE SC.(13) OCCUPATION Farm work(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Costner(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 39
(Year)(18) BIRTHPLACE SC.(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lula Costner(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 57287 23

(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.