

(1) PLACE OF BIRTH

County of York

Township of

OR

Inc. Town of

City of York

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

20556

Registration District No. 44 Registered No. 43

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(1) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 5 1922

Take account only in case of twins, triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James James Starnes (14) NAME BEFORE MARRIAGE Eula Atkins(9) PRESENT POSTOFFICE York (15) PRESENT POSTOFFICE OF MOTHER York(10) COLOR White (11) AGE AT LAST BIRTHDAY 48 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE NC (18) BIRTHPLACE York County SC(13) OCCUPATION Wife (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. A. Atkins(24) State whether Physician or Midwife (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 June 5 1922 (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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