

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 City of York

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16810

Registration District No. 4008 Registered No. 144
 (For use of Local Registrar)

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

(2) Full Name of Child William H. Hagen (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Hagen
 (9) PRESENT POSTOFFICE OF FATHER York
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE York, Pa.
 (13) OCCUPATION Barber

MOTHER.

(14) NAME BEFORE MARRIAGE Rebekah Hagen
 (15) PRESENT POSTOFFICE OF MOTHER York
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE York, Pa.
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 1 1/2

(20) Number of children born to mother, including present birth 1 1/2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J. G. Parker (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, Pa.

Given name added from a supplemental report

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

(27) Filed June 8, 1922 (28) C. 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 ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.