

## (1) PLACE OF BIRTH

County of York  
 Township of Stallons Creek

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4510

Inc. Town of .....

Registration District No. 310.8 Registered No. .... 3 .....

(For use of Local Registrar)

City of ..... (No. .... St. .... Ward ....)

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

(2) Full Name of Child Ethel Gertrude (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 8, 1923

FATHER.  
 (8) FULL NAME Victor J. J. J.  
 (9) PRESENT POSTOFFICE OF FATHER Stallons Creek  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)  
 (12) BIRTHPLACE Stallons Creek  
 (13) OCCUPATION Farmer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mrs. J. J. J.  
 (15) PRESENT POSTOFFICE OF MOTHER Stallons Creek  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)  
 (18) BIRTHPLACE Stallons Creek  
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Stallons Creek

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Max. 10 1923. (28) T. H. Shull 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 shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS, 100 STATE STREET, BOSTON, MASS. 02109. THIS FORM IS PREPARED BY THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF PUBLIC HEALTH, MASSACHUSETTS. IT IS PRINTED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS, 100 STATE STREET, BOSTON, MASS. 02109. IT IS PRINTED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS, 100 STATE STREET, BOSTON, MASS. 02109.