

(1) PLACE OF BIRTH

County of York
 Township of Brook River
 or
 In Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40440

Registration District No. 4400

Registered No. 175
 (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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct 15 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Isaac Logan

(9) PRESENT POSTOFFICE OF FATHER Wickliffe

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE York

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Dute Logan

(15) PRESENT POSTOFFICE OF MOTHER Wickliffe

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE York

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. ...

(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 Oct 7 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.