

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>19802</b>	
County of <u>Pickens</u>		Registration District No. <u>2200</u>		Registered No. <u>122</u>	
Township of <u>Central</u>				(For use of Local Registrar)	
or Inc. Town of.....		(No. .... St.; .... Ward)			
or 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 <u>William Fred Yant</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Lee Max Yant</u>			(14) NAME BEFORE MARRIAGE <u>Chene Parrot</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Central S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Central S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Ga.</u>			(18) BIRTHPLACE <u>Ga.</u>		
(13) OCCUPATION <u>mechanic</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4:45 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. H. Bearden</u>		(25) Address of Physician or Midwife <u>Central S.C.</u>			
(24) State whether <u>Physician or Midwife</u>		(26) Address of Physician or Midwife <u>Central S.C.</u>			
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <u>June 30, 22</u> (28) <u>J. H. Bearden</u> Registrar 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.					