

(1) PLACE OF BIRTH

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

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

No. 1a.—For State Registrar Only

38050

Registration District No. 4401 Registered No. 19
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

BOY OR GIRL? Girl (1) DATE OF BIRTH Apr. 9, 1933
 (2) Twin or Triplet? No (3) Number in order of birth 1
 (4) Are Parents Married? Yes (5) (Name of Month) (Day) (Year)

FATHER. MOTHER.

(6) FULL NAME Thomas Stephen (14) NAME BEFORE MARRIAGE Mary Hill

(7) PRESENT POSTOFFICE OF FATHER M. C. McConnell (15) PRESENT POSTOFFICE OF MOTHER M. C. McConnell

(8) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41

(9) BIRTHPLACE As (18) BIRTHPLACE As

(10) OCCUPATION Farming (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 P. M. on the date above stated. (Born alive or stillborn) (Hour) (P. M. or A. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife York, S.C.

Given name added from a supplemental report

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

(27) Filed 11/10 is 23 (28) S. H. Love 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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