

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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
 County of York
 Township of York
 or
 Inc. Town of York
 or
 City of York
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
22466

Registration District No. 730 Registered No. 86
 (For use of Local Registrar)
 (No. Eleen Court 124 Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Jane Louise

3. BOY OR GIRL? Girl 4. Twin or Triplet? No 5. Number in order of birth 1st 6. Are Parents Married? Yes 7. DATE OF BIRTH May 10, 1922
 (Name of Mother) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>Joseph Herbert Rosenberg</u>	14. NAME BEFORE MARRIAGE <u>Jane B. Davis</u>		
9. PRESENT POSTOFFICE OF FATHER <u>York S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>York S.C.</u>		
10. COLOR OR RACE <u>W</u>	16. COLOR OR RACE <u>W</u>	11. AGE AT LAST BIRTHDAY <u>49</u> (Years)	17. AGE AT LAST BIRTHDAY <u>32</u> (Years)
12. BIRTHPLACE <u>Poland</u>	18. BIRTHPLACE <u>Texas</u>		
13. OCCUPATION <u>Merchant</u>	19. OCCUPATION <u>Domestic</u>		
20. Number of children born to mother, including present birth <u>1</u>	21. Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1:20 P.M. on the date above stated. (Hour, A. M. or P. M.)

(23) (Signature) J. D. Harbison
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. A. Williams
 (27) Filed 6/10/22 19 22 (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.

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