

(1) PLACE OF BIRTH

County of Marlboro
 Township of Brechtville
 or
 Inc. Town of.....
 or
 City of

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

Registration District No. 3302

File No.—For State Registrar Only
31295

Registered No. 512
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child John William York If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL M (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Pierce York
 (9) PRESENT POSTOFFICE OF FATHER Gibson nc
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE SC

(13) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Fannie Gibson
 (15) PRESENT POSTOFFICE OF MOTHER Gibson nc
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE SC

(19) OCCUPATION Farm work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John L. Gibson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gibson nc

Given name added from a supplemental report

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

(27) Filed 9 25 22 (28) Not Stubbs 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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