

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

65119

County of Spartanburg  
Township of SullivanInc. Town of ..... Registration District No. 2906 Registered No. 57  
(For use of Local Registrar)  
City of ..... 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 Antitia Emma Yeargin. { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~ Girl (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 5 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lepolia Yeargin  
(9) PRESENT POSTOFFICE OF FATHER Gray Court #4 S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Memphis S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann McDaniel  
(15) PRESENT POSTOFFICE OF MOTHER Gray Court #4 S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Waterloo S.C.  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 on the date above stated.  
(Born alive ~~stillborn~~) (Hour A. M. ~~PM~~)(23) (Signature) L. F. Nash  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gray Court #4 S.C.

Given name added from a supplemental report

(26) Witness R. F. Nash  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 5 1914 (28) J. M. Sullivan  
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.

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.