(1) PLACE OF BIRTH

County of York

Township of Fort Mill P.O.

or

Inc. Town of

or

City of ..... (No. ..... St.; ..... Ward)

(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

Bureen of Vital Statistics

State Board of Health

File No.—For State Registrar Only: 5536

Registration District No. 4406 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Hilda Josephine Pope (If not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	✓	2	Yes	2/21/23 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Everylee Pope	(14) NAME BEFORE MARRIAGE Margaret A Jones
(9) PRESENT POSTOFFICE OF FATHER Fort Mill PO	(15) PRESENT POSTOFFICE OF MOTHER Fort Mill PO
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Weaver	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. (Born alive or stillborn) (Hour) (A. M. or P. M.) on the date above stated.

(23) (Signature) Jack Dessokes

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Fort Mill S C

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 9 1923 (28) A L Parker

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.