

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of Yorkor
City of York

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child John P. Brisham

File No.—For State Registrar Only

8280

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 300Registered No. 23
(For use of Local Registrar)St. Ward

(If child is not yet named, make supplemental report as directed)

(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Feb. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME John P. Brisham(9) PRESENT
POSTOFFICE
OF FATHER York(10) COLOR
OR
RACE A(11) AGE AT LAST
BIRTHDAY 22
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Miner(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Era MacFadyen(15) PRESENT
POSTOFFICE
OF MOTHER York(16) COLOR
OR
RACE E(17) AGE AT LAST
BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 at 11 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Estelle M. W. W.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife YorkGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed Feb. 27, 1922(28) Estelle M. W. W. 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.