

## (1) PLACE OF BIRTH

County of YorkTownship 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

22882

Registration District No. 44-4 Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Robert William If child is not yet named, make supplemental report as directed(1) SEX OF CHILD Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 31 1923  
(Name of Month) (Day) (Year)

## FATHER.

(3) FULL NAME Robert William(4) PRESENT POSTOFFICE OF FATHER York(5) COLOR OR RACE White (6) AGE AT LAST BIRTHDAY 31 (Years)(7) BIRTHPLACE York(8) OCCUPATION Farmer(9) Number of children born to mother, including present birth 1

## MOTHER.

(10) NAME BEFORE MARRIAGE William(11) PRESENT POSTOFFICE OF MOTHER York(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 17 (Years)(14) BIRTHPLACE York(15) OCCUPATION Farmer(16) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was born at 6:45 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(18) (Signature) Dr. J. W. Smith(19) State whether Physician or Midwife (20) Address of Physician or Midwife York

(21) Given name added from a supplemental report

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

(23) Filed June 30 1923 (24) Robert W. Smith 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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