

(1) PLACE OF BIRTH

County of *York*Township of *York*Inc. Town of *York*City of *York*

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

(2) Full Name of Child *Charles William*

File No.—For State Registrar Only

12851

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *401*Registered No. *21*
(For use of Local Registrar)

(No. St. Ward)

(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
To be answered only in case of Twins or Triplets(6) Are Parents Married? *Y*(7) DATE OF BIRTH *March 3, 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Charles*(9) PRESENT POSTOFFICE OF FATHER *York*

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY *24*
(Years)(12) BIRTHPLACE *York*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Beulah Zola Hayes*(15) PRESENT POSTOFFICE OF MOTHER *York*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *17*
(Years)(18) BIRTHPLACE *York*(19) OCCUPATION *Farmer*(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 *York*, M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Charles*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *York*

Gives name added from a supplemental report

(26) Witness

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

(27) Filed *Apr 7 22*(28) Local Registrar *C. L. Mayhew*

*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.

Registrar

(29) Filed *Apr 7 22*(30) Local Registrar *C. L. Mayhew*

*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.