

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of York
Township of

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
74662

Inc. Town of Registration District No. 40-a Registered No. 321
(For use of Local Registrar)
City of (No. 123 Charles 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 Harriet { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of twins or triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 12 1916
(Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME Harriet
(9) PRESENT POSTOFFICE OF FATHER Yorkburg S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29
(Years) (12) BIRTHPLACE Yorkburg S.C.
(13) OCCUPATION Merchant
(14) Number of children born to mother, including present birth { 2

MOTHER:
(14) NAME BEFORE MARRIAGE Lucy Collins
(15) PRESENT POSTOFFICE OF MOTHER Yorkburg S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
(Years) (18) BIRTHPLACE Yorkburg S.C.
(19) OCCUPATION Housewife
(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Yorkburg, S.C.

Given name added from a supplemental report 191.....
..... Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept. 1 1916 (28) Geo. Copes 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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