

(1) PLACE OF BIRTH

County of York  
Township of York  
or  
1st. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16744

Registration District No. 4022

Registered No. 36  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If child is not yet named, give name of same instead of street and number.)

(2) Full Name of Child

3. SEX OR GIRL girl  
4. Twin or Triplet? no  
5. Number in order of birth 1st  
6. Are Parents Married? yes  
7. DATE OF BIRTH May 4, 1922  
(Name of Month) (Day) (Year)  
8. FATHER  
9. FULL NAME Wm. Miller  
10. PRESENT POSTOFFICE OF FATHER Wm. Miller  
11. AGE AT LAST BIRTHDAY 30 (Years)  
12. COLOR OR RACE Wk  
13. BIRTHPLACE Pa  
14. OCCUPATION Teacher  
15. Number of children born to mother, including present birth 5

MOTHER  
(14) NAME BEFORE MARRIAGE Lida Edwards  
(15) PRESENT POSTOFFICE OF MOTHER Wm. Miller  
(16) COLOR OR RACE Wk  
(17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Pa  
(19) OCCUPATION Dom  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 A.M. on the date above stated.  
(23) (Signature) D. C. Miller  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife York

Given name added from a supplemental report  
19  
Registrar

(26) Witness J. C. White  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 20, 1922  
(28) Mrs. J. C. White 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.