

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

Registration District No. 401

File No.—For State Registrar Only

13708

Registered No. 53
(For use of Local Registrar)St. St. Ward

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

(2) Full Name of Child

3. BOY OR GIRL Boy

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married Yes

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

14. Number of children born to mother, including present birth

MOTHER.

15. NAME BEFORE MARRIAGE

16. PRESENT POSTOFFICE OF MOTHER

17. COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

19. BIRTHPLACE

20. OCCUPATION

21. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at St. St. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

15. Registrar

(27) May 10 1922 (28) J. E. Bernell 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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