

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

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

27497

Registration District No. 1.ARegistered No.
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL

Boy

4) Twin or Triplet

To be answered only in event of Twin or Triplet

5) Number in order of birth

1

6) Are Parents Married

Yes

7) DATE OF

BIRTH Sept. 10, 1928
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

William H. H. H.

9) PRESENT POSTOFFICE OF FATHER

York, S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

23
(Years)

12) BIRTHPLACE

York, S.C.

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

2

14) NAME BEFORE MARRIAGE

William H. H. H.

15) PRESENT POSTOFFICE OF MOTHER

York, S.C.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

20
(Years)

18) BIRTHPLACE

York, S.C.

19) OCCUPATION

Farmer

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 W. H. H. H. at 12 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.

(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 nurse

(27) Filed 11/20

1928

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.
Bureau of Columbia, Columbia, S. C.