

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

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

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

Registration District No. 1 Registered No. 18199
 (For use of Local Registrar)
 (No. 1 St.; 1 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John William

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1900</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John William</u>			(14) NAME BEFORE MARRIAGE <u>John William</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>York</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>York</u>		
(19) OCCUPATION <u>Farmer</u>				
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at York M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John William
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York

Given name added from a supplemental report

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

(27) Filed 1900 (28) John William 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.