

(1) PLACE OF BIRTH

County of YorkTownship of York

or Inc. Town of

City of

(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 HealthRegistration District No. 1206

File No.—for State Registrar Only

23992

Registered No. 94...
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 24 1923</u> (Name of Month) (Day) (Year)
---------------------------------	---	--	---------------------------------------	---

FATHER		MOTHER	
--------	--	--------	--

(8) FULL NAME <u>Larner F. ...</u>	(14) NAME BEFORE MARRIAGE <u>Alma ...</u>
---------------------------------------	--

(9) PRESENT POSTOFFICE OF FATHER <u>...</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>...</u>
--	---

(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u>
------------------------------------	--	------------------------------------	--

(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
--------------------------------	--------------------------------

(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>...</u>
----------------------------------	-------------------------------

(20) Number of children born to mother, including present birth <u>18</u>	(21) Number of children of this mother now living, including present birth <u>17</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.(23) (Signature) ...(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Page 608 S.C.

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

(27) Filed 9/10 1923 (28) Local Registrar G. W. ...

*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.

*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., as question 1

Bureau of Columbia, Columbia, S. C.