

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30772

Registration District No. 2558 Registered No. 87  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wm. Jean Long If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 11 1922  
 (Specify Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. P. Long(9) PRESENT POSTOFFICE OF FATHER Nichols St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE York Co S. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Letia Guitude Suggs(15) PRESENT POSTOFFICE OF MOTHER Nichols(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE York Co S. C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 1 NoneCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Midwife

(22) I hereby certify that I attended the birth of this child, who was Alive ..... at 1.30 ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. Carney(24) State whether Physician or Midwife (25) Address of Physician or Midwife Nichols St

Given name added from a supplemental report

(26) Witness Lillie Suggs

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

(27) Filed Sept 11 22 (28) C. F. DeLoe 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, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.