

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of.....or
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. 412

File No.—For State Registrar Only

30322Registered No. 82
(For use of Local Registrar)(2) Full Name of Child Wark Howard

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

(3) SEX OR Gender <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age in Months <u>412</u>	(7) DATE OF BIRTH <u>Aug 18 20</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Wark Howard</u>	(14) NAME BEFORE MARRIAGE <u>Wark Howard</u>	(9) PRESENT RESIDENCE OF FATHER <u>York</u>	(15) PRESENT RESIDENCE OF MOTHER <u>York</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>York</u>		(18) BIRTHPLACE <u>York</u>	
(13) OCCUPATION <u>Farmer</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 or stillborn (Born alive or stillborn) (Near A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 18 20 (28) 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.