

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of Chapel

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 Health

File No.—For State Registrar Only

20579

Registration District No 4-4-7 Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child John Smith

(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 case of Twins or Triplets

(5) Number in order of birth 5

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 20 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Smith

(9) PRESENT POSTOFFICE OF FATHER Chapel

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY.....
(Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Merchantile Clerk

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Joe King

(15) PRESENT POSTOFFICE OF MOTHER Chapel

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY.....
(Years)

(18) BIRTHPLACE London Co Va

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chapel, York Co

Given name added from a supplemental report

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

(27) Filed June 21 1922 (28) John Smith 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.