

MARGIN RESERVED FOR EN AND
WHILE PLACED WITH CELESTIAL. THIS IS A PRELIMINARY CARD
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 2.
McNaw of Columbia

Form No. 10.

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only
44650

Registration District No. 12-1 Registered No. 151
(For use of Local Registrar)

Full Name of Child Mason Greta M. Jankush
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry M. Jankush
(9) PRESENT POSTOFFICE OF FATHER Wt York SC R12#5
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Wt York SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ch. Smith
(15) PRESENT POSTOFFICE OF MOTHER Wt York SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Wt York SC
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Gravida 2, 5th M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) affid (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife D. R. Norman MD

Given name added from a supplemental report
11/26/43
L. A. Piser M.D.
Registrar

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

(27) File No. 44650 (28) M. M. Shandy
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.