

## (1) PLACE OF BIRTH

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

48438

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Registration District No. 49-ARegistered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

Mary Armstrong

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

3. SEX OF CHILD girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 2 1943  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Walter James  
 9. PRESENT POSTOFFICE OF FATHER .....  
 10. COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 12. BIRTHPLACE .....  
 13. OCCUPATION .....  
 20. Number of children born to mother, including present birth 1

## MOTHER.

14. NAME BEFORE MARRIAGE Frances Armstrong  
 15. PRESENT POSTOFFICE OF MOTHER York P. O.  
 16. COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31 (Years)  
 18. BIRTHPLACE York Co  
 19. OCCUPATION Laborer  
 21. 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 ..... at 4 A. M.,  
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) R. A. Brath

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

York S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 9 1943(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.

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