

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 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
38113

Registration District No. 440

Registered No. 136
 (For use of Local Registrar)

City of York (No. 440 St. 136 Ward 136)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OF CHILD Girl
 (4) Type or Triplet To be answered only in case of Twins or Triplets

(5) Are Parents Married Yes
 (6) DATE OF BIRTH Nov 24 1923
 (Name of Month) (Day) (Year)

(7) FULL NAME OF FATHER R. G. Beckler

(8) FULL NAME OF MOTHER Ruth Whitaker

(9) PRESENT POSTOFFICE OF FATHER York SC R. 3

(10) PRESENT POSTOFFICE OF MOTHER York SC R. 3

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 22 (Years)

(13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 25 (Years)

(15) BIRTHPLACE SC

(16) BIRTHPLACE SC

(17) OCCUPATION Farm Turner

(18) OCCUPATION Domestic

(19) Number of children born to mother, including present birth One

(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was born alive at York on the date above stated. (Born alive or stillborn) (Day / M. of Year)

(22) (Signature) E. Whitaker

(23) State whether Physician or Midwife (24) Address of Physician or Midwife York SC

Given name added from a supplemental report

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

(26) Filed Nov 28 19 23 (27) Local Registrar Marie Annan

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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