

## (1) PLACE OF BIRTH

County of YorkTownship of York

In Town of

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

16224

Registration District No. 44 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Robert Francis If child is not yet named, make supplemental report as directed(3) DATE OF BIRTH May 10 1923 (Name of Month) (Day) (Year)(4) Twin or triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes

## FATHER.

(7) FULL NAME Benjamin(8) PRESENT POSTOFFICE OF FATHER York S.C.(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 28 (Years)

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE John(15) PRESENT POSTOFFICE OF MOTHER York S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive as born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(22) (Signature) Thos. C. H. H. H.

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

Name added from a supplemental report

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

(26) Filed May 12 1923 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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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