

## (1) PLACE OF BIRTH

County of YorkTownship of York

Inc. 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

3066S

Registration District No. 4408Registered No. 1147

(For use of Local Registrar)

(2) Full Name of Child Forrest Lee Ross Vinton

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

(1) BOY OR GIRL? Boy

(4) Twin or triplet?

(3) Number in order of birth  
to be entered only in event of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 22, 1943  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Andy Vinton(9) PRESENT POSTOFFICE OF FATHER York, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Maria Brockridge(15) PRESENT POSTOFFICE OF MOTHER York S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Philip J. Vinton P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 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 Oct 24, 1943 (28) Beauregard 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.