

MARGIN RESERVED FOR INDEXING

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.

(1) PLACE OF BIRTH
 County of York
 Township of York
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
3710

Registration District No. 1.20.6 Registered No. 19....
 (For use of Local Registrar)

(2) Full Name of Child William If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	BIRTH
				<u>Feb 21</u>	<u>19</u> <u>22</u>
To be answered only in event of Twins or Triplets				(Name of Month)	(Day) (Year)

<p style="text-align: center;">FATHER.</p> <p>(8) FULL NAME <u>William</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>York</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)</p> <p>(12) BIRTHPLACE <u>York</u></p> <p>(13) OCCUPATION</p> <p>(20) Number of children born to mother, including present birth <u>1</u></p>	<p style="text-align: center;">MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>Ellen</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>York</u></p> <p>(16) COLOR OR RACE <u>White</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)</p> <p>(18) BIRTHPLACE <u>York</u></p> <p>(19) OCCUPATION</p> <p>(21) Number of children of this mother now living, including present birth <u>1</u></p>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife 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 2/25 19 22 Local Registrar

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.