

Form No. 1

(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
1533

Registration District No. 1 Registered No. 1
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

1. BOY OR GIRL?	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME			14. NAME BEFORE MARRIAGE	
9. PRESENT POSTOFFICE OF FATHER			15. PRESENT POSTOFFICE OF MOTHER	
10. COLOR OR RACE	11. AGE AT LAST BIRTHDAY		16. COLOR OR RACE	17. AGE AT LAST BIRTHDAY
12. BIRTHPLACE	(Year)		18. BIRTHPLACE	(Year)
13. OCCUPATION			19. OCCUPATION	
20. Number of children born to mother, including present birth			21. Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 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 Physician (25) Address of Physician or Midwife York, S. C.

Given name added from a supplemental report

(26) Witness W. H. H. H.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2-8-1942 (28) W. H. H. H. 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.

MARGIN RESERVES FOR INDEXING.
 WITH PLAIN. WITH A SPACING REM-THIS IS A PLAIN AND NECESSARY
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN. NO 1 THEN OTHER, NO 2, ETC., IN QUESTION 5
 CODES OF COLOR, CALIFORNIA, CALIFORNIA, CALIFORNIA