

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
BUREAU OF VITAL STATISTICS  
State Board of Health

34234

County of York

Township of North

City of York

Registration District No. 4401

Registered No. 61  
(For use of Local Registrar)

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

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

(3) SEX OR SEXES M (4) TYPE OF BIRTH X (5) NUMBER OF CHILDREN 3 (6) DATE OF BIRTH 9/17/22  
(7) FATHER'S NAME W. R. N. 7 (8) MOTHER'S NAME W. R. N. 7  
(9) PRESENT RESIDENCE OF FATHER York Co. N (10) PRESENT RESIDENCE OF MOTHER York Co. N  
(11) COLOR OR RACE W. (12) AGE AT LAST BIRTHDAY 24 (13) COLOR OR RACE W. (14) AGE AT LAST BIRTHDAY 23  
(15) BIRTHPLACE York Co. N (16) BIRTHPLACE York Co. N  
(17) OCCUPATION Farmer (18) OCCUPATION Farmer  
(19) Number of children born to mother, including present birth 2 (20) Number of children of the mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (22) born alive (23) born alive

(24) (Signature) W. R. N. (25) State South Carolina (26) Address of Physician or Midwife York Co. N

Given name added from a supplemental report

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

(28) Filed 9/13/23 (29) 23 (30) 23

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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