

## (1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

(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

50808

Registration District No. 4406 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Kenneth Helen Potter If child is not yet named, make supplemental report as directed(3) SEX OF GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 10 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Van Dawson Paris</u>	(9) PRESENT POSTOFFICE OF FATHER <u>York</u>	(10) NAME BEFORE MARRIAGE <u>Amelia Smith</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>York</u>
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(16) BIRTHPLACE <u>San Antonio TX</u>	(17) OCCUPATION <u>Miner</u>	(18) BIRTHPLACE <u>San Antonio TX</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at York, on the date above stated. (Born alive or stillborn) (Day) (Month) (Year)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife YorkGiven name added from a supplemental report June 29 1916 [Signature] Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature] (27) Filed 2-9-1916 (28) A. L. Parker 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.

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MARGIN RESERVED FOR INDEXING. WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. Ca. N. Caw. of Columbia.