

(1) PLACE OF BIRTH  
County of York  
Township of .....  
or  
Inc. Town of York  
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  
**54112**

Registration District No. 44-9 Registered No. 12  
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH March, 16, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Henry Hope  
(9) PRESENT POSTOFFICE OF FATHER York S.C.  
(10) COLOR OR RACE Full (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE York S.C.  
(13) OCCUPATION Farm hand  
(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Julia Henton  
(15) PRESENT POSTOFFICE OF MOTHER York S.C.  
(16) COLOR OR RACE Full (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE York S.C.  
(19) OCCUPATION Cook  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE\***

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report  
....., 191.....

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

(27) Filed March 16, 1916 (28) My Warden 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.

No. 2.—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.

McGraw, of Columbia