

(1) PLACE OF BIRTH

County of York

Township of Black

Inc. Town of York

City of York

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**43301**

Registration District No. 250 Registered No. 125  
(For use of Local Registrar)

City of York (No. 125 St. 125 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? G (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 6 1915  
(Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME W. L. L. L. L.  
(9) PRESENT POSTOFFICE OF FATHER Tabor N. C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE York, S. C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 8

**MOTHER**  
(14) NAME BEFORE MARRIAGE Hattie Lassons  
(15) PRESENT POSTOFFICE OF MOTHER Tabor N. C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE York, S. C.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 8

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

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Helen L. L.

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Tabor N. C.

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

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

(27) Filed Dec 8 1915 (28) J. E. Williams 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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