

(1) PLACE OF BIRTH

County of York

Township of 1

or
No. Town of

City of

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

(2) Full Name of Child W. J. Anthony

(3) SEX OF CHILD M

(4) Type of Twin or Triplet

(5) Number in order of birth

(6) Age of Child

(7) DATE OF BIRTH

(8) COLOR OF SKIN

(9) PLACE OF BIRTH

(10) OCCUPATION

(11) Number of children born to mother, including present birth

(12) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(13) (Signature)

(14) Since whether

Given name added from a supplemental report

(15) Witness

(16) Filed

(17) Local Registrar

(18) 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.

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

Registration District No. 3706

No. 8261

Registered No. 24
(For use of Local Registrar)

(No. of Ward)

(If child is not yet named, make supplemental report as directed)

(1) DATE OF BIRTH

(2) COLOR OF SKIN

(3) PLACE OF BIRTH

(4) OCCUPATION

(5) NAME BEFORE MARRIAGE

(6) PRESENT POSTOFFICE OF MOTHER

(7) AGE AT LAST BIRTHDAY

(8) COLOR OF SKIN

(9) PLACE OF BIRTH

(10) OCCUPATION

(11) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour, A.M. or P.M.) 3 A.M.
on the date above stated.
(13) (Signature) J. T. Anthony
(14) Since whether Physician or Midwife (Physician or Midwife)
York S.C.

Given name added from a supplemental report
(15) Witness F. D. Porter
(Signature of Witness, when question 12 is signed by mother)
(16) Filed 10 (17) Local Registrar

(18) 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.