

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of St. Paul

Inc. Town of

City of

(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 HealthRegistration District No. 8571

File No.—For State Registrar Only

21802-2

Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL Boy

4) Twin or Triplet

To be covered only in event of Twin or Triplet

5) Number in order of birth

6) Are Parents Married Yes7) DATE OF BIRTH July 12 1923
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME Walter Arthur9) PRESENT POSTOFFICE OF FATHER St. Paul10) COLOR OR RACE Col11) AGE AT LAST BIRTHDAY 38
(Years)12) BIRTHPLACE St. Paul13) OCCUPATION Farmer14) Number of children born to mother, including present birth 1

MOTHER

14) NAME BEFORE MARRIAGE Walter Arthur15) PRESENT POSTOFFICE OF MOTHER St. Paul16) COLOR OR RACE Col17) AGE AT LAST BIRTHDAY 2
(Years)18) BIRTHPLACE St. Paul19) OCCUPATION Farmer20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 P. M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Walter Arthur(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife St. Paul

Given name added from a supplemental report

(25) Witness Walter Arthur

(Signature of Witness necessary only when question 24 is signed by mark)

(26) Filed July 12 1923

(27) 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.