

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 1.

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of.....
 or
 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 Health

No. 10.—For State Registrar Only

38004

Registration District No. 11 Registered No. 91
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 23, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Fred Cattle</u>			(14) NAME BEFORE MARRIAGE <u>Marilee Wheat</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marilee Wheat
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife York, S.C.

Given name added from a supplemental report

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

(27) Filed 12/4/23 (28) O. L. Carter
 Registrar 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.