

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of YorkCity of York

(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

31162

Registration District No. 3105Registered No. 99
(For use of Local Registrar)

(2) Full Name of Child

Emma Stokes

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>Three</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 2, 1922</u> (Name of Month) (Day) (Year)
(8) FATHER. Full Name <u>John A. Stokes</u> Present Postoffice of Father <u>York</u>		(9) MOTHER. Name before Marriage <u>Frances A. Stokes</u> Present Postoffice of Mother <u>York</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(12) BIRTHPLACE <u>York</u>	(13) OCCUPATION <u>Teacher</u>	(14) Number of children born to mother, including present birth <u>Three</u>
(15) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) BIRTHPLACE <u>York</u>	(18) OCCUPATION <u>Housewife</u>	(19) Number of children of this mother now living, including present birth <u>Three</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Stokes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

John A. Stokes
born 25 1920
Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/2 1922 (28) J. E. Lybrand
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.

sixth month of pregnancy.
before the sixth month of pregnancy.

REMARKS: This certificate is to be filed in the birth record of the child. In case of twins or triplets use a separate blank for each child, and mark the first-born. No. 1. FILE OTHER, No. 2, etc., in question 5.

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