

(1) PLACE OF BIRTH

County of York
Township of Liberty
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
3522

Registration District No. 14 Registered No. 14
(For use of Local Registrar)
(No. 14 St. 14 Ward)

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

(2) Full Name of Child John

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

1 SEX OR GIRL? Male 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH 14 10
Name of Month (Day) (Year)

FATHER.

8 FULL NAME John
9 PRESENT POSTOFFICE OF FATHER Liberty
10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 35
12 BIRTHPLACE Liberty
13 OCCUPATION Farmer

20 Number of children born to mother, including present birth 1

MOTHER.

14 NAME BEFORE MARRIAGE John
15 PRESENT POSTOFFICE OF MOTHER Liberty
16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 35
18 BIRTHPLACE Liberty
19 OCCUPATION Farmer

21 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 13 10 14 at 10 14 M.
on the date above stated. (Born alive or stillborn Hour A M or P M)

(23) (Signature) John
(24) Name whether Physician or Midwife John (25) Address of Physician or Midwife Liberty

Given name added from a supplementary report

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

Mar 9 29 (27) John Local Registrar

When there was no attending physician or midwife, 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 beginning of pregnancy.