

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10085

County of York
Township of Yorkville
No. 1

Registration District No. 653A Registered No. 20
(For use of Local Registrar)

(No. St. Ward)

hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Franklin Giles If child is not sex named, make supplemental report as directed

3. Sex Male 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH Apr 10 1922
(Name (Month) (Day) (Year))
To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

8. NAME Franklin Giles

14. NAME BEFORE MARRIAGE Blanca Jenkins

9. PRESENT RESIDENCE Yorkville S.C.

15. PRESENT RESIDENCE OF MOTHER Wade, S.C.

10. AGE AT LAST BIRTHDAY 32 (Years)

16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 26 (Years)

11. PLACE OF BIRTH Yorkville S.C.

18. BIRTHPLACE Rockport S.C.

12. OCCUPATION Farmer

19. OCCUPATION Housewife

Number of children born to father in any present birth 1

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 born alive at 6:00 P. M., on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)

23. (Signature) Judith White 25. Address of Physician or Midwife Wade S.C.

24. State whether Physician or Midwife Midwife

Given name added from a supplemental report

26. Witness J. H. Harrison (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed Apr 19 1922 (28) M. S. Jackson 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.