

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16745

Registration District No. 4005 Registered No. 37

(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 Annie Carey Finch If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 8 1922(8) FULL NAME Peroy Finch FATHER. (9) PRESENT POSTOFFICE OF FATHER York (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (12) BIRTHPLACE York (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Mrs. J. C. White MOTHER. (15) PRESENT POSTOFFICE OF MOTHER York (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (18) BIRTHPLACE York (19) OCCUPATION Domestic (20) Number of children born to mother, including 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 or stillborn on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

L. A. Riser, M.D.7/16/143 19

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

(27) Filed May 20 1922 (28) Mrs. J. C. White 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.

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