

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7421

Registration District No. 2508

Registered No. 28  
(For use of Local Registrar)

(No. 2508 St. 28 Ward 28)  
(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

(7) DATE OF

BIRTH Jan 19 1908  
(Name of Month) (Day) (Year)

MOTHER.

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth  
To be answered only in event of Twin or Triplets

6. Are Parents Married?

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

13. OCCUPATION

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

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

18. BIRTHPLACE

19. OCCUPATION

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

17. AGE AT LAST BIRTHDAY

(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 28 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

1908

(28)

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.