

Form No. 1

(1) PLACE OF BIRTH

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

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

File No. — For State Registrar Only
4470

Registration District No. 2016 Registered No. 4
 (For use of Local Registrar)

(2) Full Name of Child

3. BOY OR GIRL Boy

4. Twin or Triplet?

To be answered only in case of Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH Dec 14 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

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

MOTHER.

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

(Years)

18. BIRTHPLACE

19. OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at York M., on the date above stated. (Born alive or stillborn. 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 23 is signed by Mark)

(27) Filed Dec 20 1922 (28) E. L. H. H. H. 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.

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY. WITH LEADING INK.—THIS IS A PERMANENT RECORD.
 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.