

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

**(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  
**36704**

Registration District No. 3006 Registered No. 1128  
 (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** Thashe Mabel Isabel 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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH 11/19/22  
 (Month of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME William Robert  
 (9) PRESENT POSTOFFICE OF FATHER York  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)  
 (12) BIRTHPLACE York  
 (13) OCCUPATION Teacher  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Thashe Mabel  
 (15) PRESENT POSTOFFICE OF MOTHER York  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)  
 (18) BIRTHPLACE York  
 (19) OCCUPATION Teacher  
 (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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thashe Mabel  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York

(Given name added from a supplemental report)  
 .....  
 .....  
 ..... 19 ..  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 11/22/22 (28) Thashe Mabel 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.