

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only

2779

Registration District No. 4408 Registered No. 1
 (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 Bessie Lee Rackford (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 eight (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Neely Rackford
 (9) PRESENT POSTOFFICE OF FATHER York #
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34
 (Years)
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth eight

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Camps
 (15) PRESENT POSTOFFICE OF MOTHER York R. F. St.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36
 (Years)
 (18) BIRTHPLACE York Co.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Harriet Lowery
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife York

Given name added from a supplemental report

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

(27) Filed Jan 1 1922 (28) John A. McKinnon 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.