

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

No. 4404 Registered No. 68
 26692
 (For use of Local Registrar)

Registration District No. (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

Donald Ray

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD B (4) Twin or Triplet X (5) Number in order of birth 1 (6) Age of Parents 34 (7) DATE OF BIRTH 4-16-23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ernest T. Johnson
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Jackson Co. N.C.
 (13) OCCUPATION Fertilizer

MOTHER

(14) NAME BEFORE MARRIAGE Estelle Weisner
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE York Co
 (19) OCCUPATION Fertilizer

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M., on the date above stated. (Born alive or stillborn) (Male, Female or P. M.)

(23) (Signature) Donald Ray
 (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 9/13/23 (28) James 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.