

(1) PLACE OF BIRTH

County of York
 Township of 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

9563

Registration District No. 4405Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child Mary Right
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age Person Married Y(7) DATE OF BIRTH March 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Right
 (9) PRESENT POSTOFFICE OF FATHER York #7
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE York Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Perry
 (15) PRESENT POSTOFFICE OF MOTHER York #7
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE York Co.
 (19) OCCUPATION Farmer
 (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 Mary Right at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Melvin Young(24) State whether Physician or Midwife Midwife(25) Address at birth York #7 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 March 4, 1922

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.