

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - for State Registrar's Use
30220

County of *Sp. of York*

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

Township of

Registration District No. *4 M. 2* Registered No. *92*
(For use of Local Registrar)

or
Inc. Town of

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>9/29/43</i> (Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <i>Julian Crow</i>	(14) NAME BEFORE MARRIAGE <i>Lily Varnor</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Paulina</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Paulina</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>1</i> (Years)	
(12) BIRTHPLACE <i>W.C.</i>	(18) BIRTHPLACE <i>W.C.</i>			
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Dom</i>			
(20) Number of children born to mother, including present birth <i>4</i>	(21) Number of children of this mother now living, including present birth <i>3</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* (Born alive or stillborn) (Sex) (M. or F.) on the date above stated.

(23) (Signature) *[Signature]*
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife *[Address]*

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Oct 8 1943* (28) *Mrs. J.C. White* 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.

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