

WHAT IS PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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 8.

(1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 The Town of Manchester  
 or  
 City of York  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar 1011

Registered No. 1011  
 (For use of Local Registrar)

2) Full Name of Child Nancy LeRoy Roy } If child is not yet named, make supplemental report as directed  
 (No. 6 Boys ..... St.; ..... Ward)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u> <small>To be assigned only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 18</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>LeRoy Roy</u>		(9) MOTHER <u>LeRoy Roy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>York</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>York</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Mc</u>	(13) COLOR OR RACE <u>white</u>	(14) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
(13) OCCUPATION <u>Farmer</u>	(15) OCCUPATION <u>Domestic</u>	(16) Number of children born to mother, including present birth <u>one</u>	(17) Number of children of this mother now living, including present birth <u>one</u>	(18) BIRTHPLACE <u>Mc</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 ..... P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) J. P. ...  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician York

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
...  
 (27) ... 191. (28) ... 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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