

Form No. 1

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only  
**25870**

Registration District No. 1100 Registered No. 1100  
 (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 John to St. Mary

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>19</u> (Name of Month) (Day) (Year)
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**FATHER.**

**MOTHER.**

8) FULL NAME John to St. Mary  
 9) PRESENT POSTOFFICE OF FATHER York  
 10) COLOR OR RACE White  
 11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 12) BIRTHPLACE York  
 13) OCCUPATION Farmer

14) NAME BEFORE MARRIAGE John to St. Mary  
 15) PRESENT POSTOFFICE OF MOTHER York  
 16) COLOR OR RACE White  
 17) AGE AT LAST BIRTHDAY 31  
 (Years)  
 18) BIRTHPLACE York  
 19) OCCUPATION Farmer

20) Number of children born to mother, including present birth {1}  
 21) Number of children of this mother now living, including present birth {1}

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) John to St. Mary  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife York

Given name added from a supplemental report

(26) Witness John to St. Mary  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed August 19 1922 (28) John to St. Mary  
 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.

NOTES:—When a child is born, the mother should be examined by a physician or midwife, and the child should be examined by a physician or midwife, and the results of the examination should be reported to the Bureau of Vital Statistics, State Board of Health, Columbia, S. C.