

K O D A K S A F E T

11/17/23.

Form No. 1

(1) PLACE OF BIRTH
 County of York
 Township of Benzenen
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

No. for State Registrar only
30637

Registration District No. 4405 Registered No. 80
 (For use of Local Registrar)

(2) Full Name of Child John Robert
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

7. BOY OR GIRL? <u>Boy</u>	8. Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	9. Number in order of birth <u>1</u>	10. Date of Birth <u>11/17/23</u> (Name of Month) (Day) (Year)
FATHER. (1) FULL NAME <u>William Robert</u> (2) PRESENT POSTOFFICE OF FATHER <u>York, S.C.</u> (3) COLOR OR RACE <u>W.</u> (4) BIRTHPLACE <u>York</u> (5) OCCUPATION <u>Farmer</u> (6) Number of children born to mother, including present birth <u>13</u>		MOTHER. (7) NAME BEFORE MARRIAGE <u>Lucia Y.</u> (8) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u> (9) COLOR OR RACE <u>W.</u> (10) BIRTHPLACE <u>York</u> (11) OCCUPATION <u>Housewife</u> (12) Number of children of this mother now living, including present birth <u>13</u>	
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)		(13) AGE AT LAST BIRTHDAY <u>36</u> (Years)	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) [Signature] (25) State, whether Christian or Midwife Christian (26) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]

(28) Filed 11/17/23 (29) Local Registrar [Signature]

*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.