

(1) PLACE OF BIRTH

County of York
 Township of Kings Mtn.

or
 Inc. Town of

City of (No.) (For use of Local Registrar)
 (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 Only

24352

(2) Full Name of Child Sarah Virginia Price } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Yes Married? (7) DATE OF BIRTH May 29 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Avery Price

(9) PRESENT POSTOFFICE OF FATHER Clower S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Virginia McLoister

(15) PRESENT POSTOFFICE OF MOTHER Clower S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Physician

Clower S C

Given name added from a supplemental report

..... 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 30 1922 (28) W. E. Ford 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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