

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of Yorkor
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

Registration District No. 4152

File No.—For State Registrar Only

30321

Registered No. 71
(For use of Local Registrar)(2) Full Name of Child John

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

(3) SEX OR GUILD <u>Male</u>	(4) Twin or Triplet <u>No</u> To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 13 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John(9) PRESENT POSTOFFICE OF FATHER York(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE York(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eola Davis(15) PRESENT POSTOFFICE OF MOTHER York(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE SE(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

(26) Witness Sept 10 1923
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Sept 10 1923 (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.