

No. 1

(1) PLACE OF BIRTH

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St.; _____ Ward)

(2) Full Name of Child

Horace Arthur
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

March 19 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Arthur

(9) PRESENT POSTOFFICE OF FATHER

York

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

York Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Della Woods

(15) PRESENT POSTOFFICE OF MOTHER

York S. C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

York Co.

(19) OCCUPATION

Farmer

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

9

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Cant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

York S. C.

Given name added from a supplemental report

(26) Witness

John Barnette
(Signature of Witness necessary only when question 25 is signed by mark)

(19) Registrar

(27) Filed March 19 1922

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.