

## (1) PLACE OF BIRTH

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

File No.—For State Registrar Only

32565

Registration District No. 4224 Registered No. 74  
 (For use of Local Registrar)

(2) Full Name of Child Annelle (If child is not yet named, make supplemental report as directed)

3. SEX OR GIRL? 1 4. Twin or Triplet? 1 5. Number in order of birth 1 6. Are Parents Married? 1 7. DATE OF BIRTH 3-11-22  
 (Named Month) (Day) (Year)

FATHER. MOTHER.

8. FULL NAME Jack Smith 14. NAME BEFORE MARRIAGE John Smith  
 9. PRESENT POSTOFFICE OF FATHER York SC 15. PRESENT POSTOFFICE OF MOTHER York SC  
 10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY (Years) 6 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY (Years) 25  
 12. BIRTHPLACE York SC 18. BIRTHPLACE York SC  
 13. OCCUPATION Domestic 19. OCCUPATION Housekeeping  
 20. Number of children born to mother, including present birth 2 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 Annelle at 3:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York SC

Given name added from a supplemental report

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

(27) Filed 19 (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.

19 Registrar (27) Filed 10 (28) Local Registrar.

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