

(1) PLACE OF BIRTH

County of *Yamhill*Township of *Yamhill*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4201*

File No.—For State Registrar Only

*12286*Registered No. *2*
(For use of Local Registrar)

St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

3. BOY OR GIRL? <i>Girl</i>	4. Twin or Triplet? <i>No</i>	5. Number in order of birth	6. Are Parents Married? <i>Yes</i>	7. DATE OF BIRTH <i>11/4/23</i>
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FATHER.

8. FULL NAME *Howard N. Litchford*9. PRESENT POSTOFFICE OF FATHER? *Buffalo*10. COLOR OR RACE *White*11. BIRTHPLACE *Mo. 42*12. OCCUPATION *Owner*13. Number of children born to mother, including present birth *3*

MOTHER.

14. NAME BEFORE MARRIAGE *Eva Smith*15. PRESENT POSTOFFICE OF MOTHER *Buffalo*16. COLOR OR RACE *White*17. BIRTHPLACE *Mo. 27*18. OCCUPATION *Owner*19. 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 and fullborn* on the date above stated.(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *April 23, 1923*(28) Local Registrar *Leah Lee*

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.

*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.