

## (1) PLACE OF BIRTH

County of York  
 Township of Harrie Mtn.  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 44.07

Registered No. 74  
 (For use of Local Registrar)

## (2) Full Name of Child

(3) SEX OR CHILD Boy (4) Type or Figure 2 (5) Number in order of birth 2 (6) Age 40 (7) Date July 10 1923

## FATHER.

(8) FULL NAME R. S. Flanagan  
 (9) PRESENT RESIDENCE OF FATHER Bowling Green SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Year)  
 (12) BIRTHPLACE York CO  
 (13) OCCUPATION farmer  
 (14) Number of children born to mother, including present birth 12

(15) NAME BEFORE MARRIAGE Mrs. Reddy  
 (16) PRESENT RESIDENCE OF MOTHER Bowling Green SC  
 (17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 24 (Year)  
 (19) BIRTHPLACE York CO  
 (20) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:40 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. H. H. H.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Elbert SC

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 23 is signed by mark) Edford  
 (27) Filed July 10 1923 (28) Edford 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.

(29) Filed Aug 15 1923 (30) Edford Local Registrar  
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