

(1) PLACE OF BIRTH

County of OrangeTownship of Orangeor
Inc. Town of

City of

(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

4782

Registration District No. 3106Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child

Yelhi Beatrice

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

| | | | | |
|-----------------|------------------------|---------------------------------|-------------------------------|----------------------|
| (3) SEX Girl | (4) Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married | (7) DATE OF BIRTH |
| <u>Girl</u> | | | <u>Yes</u> | <u>Feb 6, 1923</u> |

FATHER.

| | | | |
|--------------------------------|--|--|------------------------------|
| (8) NAME BEFORE MARRIAGE | (9) PRESENT POSTOFFICE OF FATHER | (10) COLOR OR RACE | (11) AGE AT LAST BIRTHDAY |
| <u>Yelhi Boy Jr</u> | <u>Yelhi Boy Jr</u> | <u>White</u> | <u>27</u> |
| (12) BIRTHPLACE | (13) OCCUPATION | (14) Number of children born to mother, including present birth | |
| <u>Orange</u> | <u>Farmer</u> | <u>2</u> | |

MOTHER.

| | | | |
|------------------------------|---|---|------------------------------|
| (14) NAME BEFORE MARRIAGE | (15) PRESENT POSTOFFICE OF MOTHER | (16) COLOR OR RACE | (17) AGE AT LAST BIRTHDAY |
| <u>Ch Crane</u> | <u>Yelhi Boy Jr</u> | <u>White</u> | <u>23</u> |
| (18) BIRTHPLACE | (19) OCCUPATION | (20) Number of children of this mother now living, including present birth | |
| <u>Orange</u> | <u>Farmer</u> | <u>2</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Feb 10, 1923 (28) R. H. L. L.
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.