

PLACE OF BIRTH

of North
 City of Ch
 State of Ch

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

File No.—For State Registrar Only
40455

Registration District No. 4404 Registered No. 80
 (For use of Local Registrar)

(No. St.; Ward)

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

Full Name of Child Jonathan May If child is not yet named, make supplemental report as directed

(4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-21-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

Longathan Parvish
Rock Hill S.C.

(11) AGE AT LAST BIRTHDAY 28
 (Years)

Chesler Co

Farmer

Number of children born to father including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary A. McClintock

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 29
 (Years)

(18) BIRTHPLACE Chesler Co

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 13 at A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Daniel R. R.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Case added from a supplemental report

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

(27) Filed 11/20/22 (28) Local Registrar.

There was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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