

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

9525

Registration District No. 4404

Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Isabelle Anthony

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

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet No

(5) Number in order of birth 2

(6) Age, Parents Married? No

(7) DATE OF BIRTH March 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isabel Anthony

(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Common Laborer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Davis

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Julia Spence

(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 3/29 19 22 (28) Isabelle 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.