

(1) PLACE OF BIRTH

County of York

Township of

or Inc. Town of

City of Rock Hill

(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

30531

Registration District No. 44B Registered No. 210

(For use of Local Registrar)

(No. 202 Sidney St. Rd.: Ward)(2) Full Name of Child Barb Louise Mayhew

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Sept 26, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. Moris Mayhew

(9) PRESENT POSTOFFICE OF FATHER

202 Sidney St. Rock Hill S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

31 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Connie Adams

(15) PRESENT POSTOFFICE OF MOTHER

"

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

None

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rock Hill S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

7/46/1923

(28)

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.

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