

(1) PLACE OF BIRTH

County of

Township of

City of

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

2) Full Name of Child

Sex

Boys

(4) Twin or triplet?

No

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 14, 1922

(8) (Name of Month) (Day) (Year)

June 14, 1922

FATHER.

(9) FULL NAME

No information

(10) PRESENT POSTOFFICE OF FATHER

concerning

(11) COLOR OR RACE

father

(12) BIRTHPLACE

(13) OCCUPATION

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Morrison

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill, S.C.

(16) COLOR OR RACE

Colored

(17) BIRTHPLACE

Rock Hill, S.C.

(18) OCCUPATION

Domestic

(19) 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 9:27 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. A. Macdon

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Rock Hill, S.C.

(26) Witness

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

(27) Filed

7/10/22

(28) Local Registrar

Given name added from a supplemental report

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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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