

22 050119

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of York

Township of Rock Hill

Inc. Town of Rock Hill

City of Rock Hill

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44-B

FILE No.—For State Registrar Only

02397

Registered No. W  
(For use of Local Registrar)

(No. Jones Ave. St. W Ward)

(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.)

2. FULL NAME OF CHILD Rita Reynolds

3. Boy or Girl Girl 4. Twin, triplet or other other 5. Number, in order of birth 1 6. Premature X Full term X 7. Are Parents Married? yes 8. Date of birth Jan. 29 1942  
(Month, day, year)

9. Full name Birch Lynne Reynolds FATHER

18. Name before marriage W. Elmoth Rye MOTHER

10. Residence (mailing address) Rock Hill  
(If non-resident, give place and State)

19. Residence (mailing address) Rock Hill  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 29 (years)

20. Color or race white 21. Age at last birthday 28 (years)

13. Birthplace (city or place) South Carolina  
(State or country)

22. Birthplace (city or place) South Carolina  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. retail merchant

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 1941 17. Total time (years) spent in this work 4 mo.

25. Date (month and year) last engaged in this work 1941 26. Total time (years) spent in this work 11 yrs.

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

I certify that I instilled or had instilled in the eyes of this child at ..... M. on above date. (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) W. B. Blackmer M. D.

Given name added from a supplementary report..... (Date of)

or....., Midwife

Address.....  
Filed 8/2/41, 19..... M. B. Woodward, M. D.  
Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See instructions on Back of Certificate.)

7/29/41