

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.)

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. 22
(For use of Local Registrar)

2. FULL NAME OF CHILD

Rita Reynolds
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
3. Boy or Girl Girl 4. Twin, triplet or other other 5. Number, in order of birth 1 6. Premature X 7. Are Parents yes 8. Date of Birth Jan. 29 1922
(Month, day, year)

9. Full name Birch Lynne Reynolds FATHER

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

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

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

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

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

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work 4 mo.

18. Name before marriage W. L. Moth Rye MOTHER

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

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

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

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

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

25. Date (month and year) last engaged in this work 19

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 29. Cause of stillbirth Before labor
weeks During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 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 11 M. on above date. (Name of Prophylactic)

Cleft Palate Hare Lip Other Deformities None (Specify)

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

Given name added from a supplementary report (Date of)

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

or Midwife

Address M. B. Woodward, M. D.

Filed 8/2/41 19 22 Local Registrar

State Registrar