

(1) PLACE OF BIRTH

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

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

File No. - For State Registrar Only

26703

Registration District No. 4405 Registered No. 62
(For use of Local Registrar)

(2) Full Name of Child

Robert J. ...

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

(3) BOY OR GIRL B. (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 28 22
(Name of Month) (Day) (Year)

FATHER.
(8) NAME AND MARRIAGE George B. Harwood
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Union Co. N.C.
(13) OCCUPATION Electrician
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME AND MARRIAGE Ollie Goffey
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE Union Co. N.C.
(19) OCCUPATION Dom
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (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 9/13 19 23 (28) J. P. Miller 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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