

(1) PLACE OF BIRTH

County of York
Township of Catawby

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

9521

Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 4405 Registered No. 25
(For use of Local Registrar)(2) Full Name of Child Not Named If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Smith(9) PRESENT POSTOFFICE OF FATHER Rock Hill(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Fanner(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE May Lee Davis(15) PRESENT POSTOFFICE OF MOTHER Rock Hill(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE York Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1030 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill

(Given name added from a supplemental report)

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Registrar

(20) Witness

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

(27) Filed 4/10/1922

(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.

If a child breathes even once, before the fifth month of pregnancy.