

4) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

22 050137

County of York

Wardship of

or

Town of

or

City of Rock Hill S.C.

Registration District No.

(For use of Local Registrar)

(No. St. Ward)

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

Full Name of Child Al Heyward Sturge Jr.

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

BOY OR

GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(8) Are Parents Married? Yes

(7) DATE OF

BIRTH May 12 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

NAME Al Heyward Sturge

(14) NAME BEFORE MARRIAGE Annie Ray Miller

PRESENT POSTOFFICE OF FATHER Rock Hill S.C.

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.

COLOR

OR

RACE W.

(11) AGE AT LAST BIRTHDAY 27

(Years)

(18) COLOR

OR

RACE W.

(17) AGE AT LAST BIRTHDAY 25

(Years)

BIRTHPLACE

S.C.

(19) BIRTHPLACE

S.C.

OCCUPATION

Farmer

(19) OCCUPATION

Domestic Duties

Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ... 13 ... at ... 10 ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) David R. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

(27) Filed 6-1 19 22

(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.