

(1) PLACE OF BIRTH

County of York

Township of

or

Loc. Town of

or

City of Rock Hill, S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40405

Registration District No. 44 BRegistered No. 206

(For use of Local Registrar)

(2) Full Name of Child Ruby Haele

St.; Ward)

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

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(None of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

C.H. Haele

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

50

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Superintendent

(14) NAME BEFORE MARRIAGE

Anna Modder

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housework

(20) Number of children born to mother, including present birth

8

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 M., or the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R.D. Sumner, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rock Hill, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 14/4 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.

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