

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u> Township of <u>Rock Hill</u> or Inc. Town of <u>Rock Hill</u> City of <u>Rock Hill</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		2770	
(If birth occurs in a hospital) or other institution, give name of same instead of street and number.		Registration District No. <u>4405</u>		Registered No. <u>101</u> (For use of Local Registrar)	
(2) Full Name of Child <u>James M. Sibley</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 3, 1927</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Samuel Sibley</u>			(14) NAME BEFORE MARRIAGE <u>May McNeil</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)		
(11) AGE AT LAST BIRTHDAY <u>42</u> (Year)			(18) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>York County</u>			(19) BIRTHPLACE <u>York County</u>		
(20) OCCUPATION <u>Laborer</u>			(21) OCCUPATION <u>Domestic</u>		
(22) Number of children born to mother, including present birth <u>7</u>			(23) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>A. L. Macdonald</u> at <u>1:15 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>A. L. Macdonald</u>		(24) Address of Physician or Midwife <u>Rock Hill, S.C.</u>			
(25) (Signature of Witness necessary only when question 23 is signed in blank)		(26) Local Registrar.			
(27) Filed <u>7/7</u> 19 <u>27</u>		(28) <u>J. P. Macdonald</u>			

\*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.