

Sept 4
2002

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

File No.—For State Registrar Only

40454 79

Registration District No. 4404

Registered No. 79
(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 *Jessie Belle* (If child is not yet named, make supplemental report as directed)

Is child a Twin or Triplet? *X* (5) Number in order of birth *X* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *9-20-22*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

Willie Nash

(14) NAME BEFORE MARRIAGE *Willie McCreight*

Residence *Rock Hill S.C.*

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

(11) AGE AT LAST BIRTHDAY *30*
(Years)

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *28*
(Years)

Place of Birth *York Co*

(18) BIRTHPLACE *York*

Occupation *Farmer*

(19) OCCUPATION *Dom*

Number of children born to mother, including present birth *5*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *P.B.* at *6* A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Donald Rife*
(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) Filled *11/29/22* (28) *J. B. Miller* Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return and breathe even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.