

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

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

No. for this Register

38004

Registration District No. 44

Registered No. 2384
(For use of Local Registrar)

(No. 117122) (M. 1) (Ward)

(2) Full Name of Child

(3) SEX OR CHILD	(4) Type or Triplet	(5) Number in order of birth	(6) Age at Birth	(7) Date of Birth
Boy	To be answered only in case of Twins or Triplets		4 1/2	July 3, 1923
(8) FULL NAME	(9) FATHER	(10) NAME BEFORE MARRIAGE	(11) NAME OF MOTHER	(12) MOTEL
Jno. Henry Long		Hannah Loretta Wright	Rock Hill S.C.	
(13) PRESENT POSTOFFICE OF FATHER	(14) COLOR OR RACE	(15) BIRTHPLACE	(16) AGE AT LAST BIRTHDAY	(17) (Year)
Rock Hill	White	Rock Hill S.C.	24	
(18) BIRTHPLACE	(19) OCCUPATION	(20) Number of children of this mother now living, including present birth	(21) (Year)	
Rock Hill S.C.	Mill Worker	3		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Samuel Friedman
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 11/28/23
(28) Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this report. 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.