

1) PLACE OF BIRTH

County of York

Township of .....

or

Town of .....

or

City of Rock Hill

(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

16240

Registration District No. 4413

Registered No. 101  
(For use of Local Registrar)

Full Name of Child Louise Malinda Hill

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

BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth 1st  
to be answered only in case of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH 5/14/23  
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

J. K. Hill

PRESENT POSTOFFICE OF FATHER

Rock Hill S. C.

COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE

York S. C.

OCCUPATION

mill operator

Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Raine

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE

Waggoner S. C.

(19) OCCUPATION

housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born as born on 5/14/23 at Rock Hill S. C.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) W. S. Simpson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

or name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed 6/9/23

10123 (28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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