

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of Rhawnys  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

## (2) Full Name of Child

Joel Reynolds Craig

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/12/22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joel R. Craig  
 (9) PRESENT POST OFFICE OF FATHER Rock Hill S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Cotton Mill Work

## MOTHER.

(14) NAME BEFORE MARRIAGE M. Craig  
 (15) PRESENT POST OFFICE OF MOTHER Rock Hill  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Cotton Mill Work

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sevin Axen(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/6/22

19.....

(28) Local Registrar. Johnnie

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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9528

Registration District No. 44404 Registered No. 20  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

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WARNING: WHEN FILLING IN THIS FORM, BE CAREFUL TO PRINT CLEARLY. WRITE IN PENCIL OR INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWILIGHT, SEPARATE THE PLACENT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.