

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
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

54123

Registration District No. 44B Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child John F. Jr. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B.

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH 2 / 10 / 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John F. Comp(9) PRESENT POSTOFFICE OF FATHER Rock Hill(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Cherokee Co. N.C.(13) OCCUPATION Rock Hill Engineer(20) Number of children born to mother, including present birth { 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Ellen Allen(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Shelby, N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10 P.M. at Rock Hill (Born, alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.(23) (Signature) James H. M. Jr.

(24) State whether Physician or 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 mother)

(27) Filed 11/10/16 (28) J. R. Muel Local RegistrarWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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 8.
-City of Columbia.

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.