

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30623

Registration District No. 4404 Registered No. 72

(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Johnnie Cornwell Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Third <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 5, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Johnnie Cornwell</u>			(14) NAME BEFORE MARRIAGE <u>Sethie Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(12) BIRTHPLACE <u>?</u>			(18) BIRTHPLACE <u>Mr. Cornwells</u>	
(13) OCCUPATION <u>Public Works</u>			(19) OCCUPATION <u>Housekeeper</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Archie B. Porter(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Rock Hill

Given name added from a supplemental report

(26) Witness Mrs. J. M. Harley

(Signature of witness necessary only when question 26 is signed by mark)

(27) Filed 9/19/23(28) Johnnie

Local Registrar

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.

S. A. F. E. I. Y. A. F. I. L. M.