

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of Rock Hill

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2739

Registration District No. 44 BRegistered No. 8

(For use of Local Registrar)

(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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 28, 1922</u> (Month of Month) (Day) (Year)
(8) FULL NAME <u>FATHER: Mr. Miller</u>			(9) NAME BEFORE MARRIAGE <u>MOTHER: Rosa Miller</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill SC</u>	
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) BIRTHPLACE <u>SC</u>
(17) OCCUPATION <u>Common Laborer</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>6</u>			(20) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 6 ft 2 in at 6 M. on the date above stated. (Hour P. M. or P. M.)(22) (Signature) J. Miller(23) State whether Physician or Midwife Physician

(24) Address of Physn. or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed 1/29 19 22 (27) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.