

1) PLACE OF BIRTH

County of York

Township of .....

City of Rock Hill

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

Full Name of Child John Henry Archie

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

NOT OR (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH

FATHER.

FULL NAME John ArchiePRESENT POSTOFFICE OF FATHER Rock Hill, S.C.COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 3 (Years)BIRTHPLACE Madison, N.C.OCCUPATION FarmerNumber of children born to mother, including present birth 5

MOTHER.

(12) NAME BEFORE MARRIAGE Sadie (Huckabee)(13) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 38 (Years)(16) BIRTHPLACE Wilmington, N.C.(17) OCCUPATION House(18) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was live, as live, at Rock Hill, S.C. (Hour A. M. or P. M.) on the date above stated.(22) (Signature) J. H. Brackley(23) State whether Physician or Midwife: Physician (24) Address of Physician or Midwife: Rock Hill, S.C.

Name added from a supplemental report

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

(26) Filed 6/1/23 (27) 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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. for State Registrar Only

16258

Registration District No. 44B Registered No. 111

(For use of Local Registrar)

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

(Name of Month) (Day) (Year)

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

(1) DATE OF BIRTH

(2) Are Parents Married? Yes

(3) NAME BEFORE MARRIAGE

(4) PRESENT POSTOFFICE OF MOTHER

(5) COLOR OR RACE

(6) AGE AT LAST BIRTHDAY

(7) BIRTHPLACE

(8) OCCUPATION

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