

(1) PLACE OF BIRTH

County of YorkTownship of Catawba

or

Inc. Town of

or

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 John White

File No.—For State Registrar Only

20536

Registration District No. 4455 Registered No. 52
(For use of Local Registrar)3) BOY OR GIRL? Boy

4) Twin or Triplet?

5) Number in order of birth
To be answered only in case of Twins or Triplets6) Are Parents Married? yes7) DATE OF BIRTH June 13, 22
(Name of Month) (Day) (Year)FATHER.
8) FULL NAME Frank White9) PRESENT POSTOFFICE OF FATHER R. Hill10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 33
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Team Driver20) Number of children born to mother, including present birth 3MOTHER.
14) NAME BEFORE MARRIAGE Mary Douglas15) PRESENT POSTOFFICE OF MOTHER R. Hill16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 28
(Year)18) BIRTHPLACE S.C.19) OCCUPATION Team Driver21) 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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Hill

(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 mark)(27) Filed 6/27 19 22 (28) John Hill
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.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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 5.