

## (1) PLACE OF BIRTH

County of York  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Rock Hill

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

## (2) Full Name of Child

Pauline

(3) BOY OR GIRL Y

(4) Type of Birth

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Y

(7) DATE OF BIRTH

Jan 27 28  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Frank Sim

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

43  
 (Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

?

(20) Number of children born to mother, including present birth

6

(14) NAME BEFORE MARRIAGE

Mary Fay

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

32  
 (Years)

(18) BIRTHPLACE

Rock Hill S.C.

(19) OCCUPATION

Textile

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

6

## 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) John B. [Signature]

(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

19

(28) 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.

Star Only

28  
 (Star)

Ward)

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28  
 (Year)

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23

18  
 (Year)

M.,  
 P. M.)

Midwife

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return.