

## PLACE OF BIRTH

County of York

Municipality of .....

City or Town of .....

or Rock Hill, S.C.

City of .....

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

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar

5490

Registration District No. 4413Registered No. 22  
(For use of Local Registrar)

(No. .... St. .... Ward)

(1) Full Name of Child Cyril Cyril Ford

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

(2) SEX OR SEXES <u>Boy</u>	(3) Type or Types <u>—</u> It is suggested that in case of Twins or Triplets	(4) Number in order of birth <u>1</u>	(5) Are Parents Married <u>Yes</u>	(6) DATE OF BIRTH <u>Jan. 28, 1923</u> (Month) (Day) (Year)
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## FATHER

(7) FULL NAME Cyril Lawson Ford(8) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 23 (Year)(11) BIRTHPLACE York Co(12) OCCUPATION Mill(13) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Paul (Green)(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Rock Hill, S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) M. Blackmon(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 3/5/23 (27) Local Registrar J. S. Miller

\*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.

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