

PLACE OF BIRTH

County of York

City of

or Town

City of Rock Hill

(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

No. 5491

Registration District No. 14113 Registered No. 23
(For use of Local Registrar)

(1) Full Name of Child Catherine Margaret (If child is not yet named, make supplemental report as directed)

(2) SEX OF CHILD Girl (3) Type of Twins (4) Number in order of birth (5) Are Parents Married Yes (6) DATE OF BIRTH Feb 1 1927
To be reported only in case of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Mangrum
(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C. R.F.D.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 47
(12) BIRTHPLACE W. C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE Martha (Baker)
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C. R.F.D.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 42
(18) BIRTHPLACE W.C.
(19) OCCUPATION House
(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W.K. Blackmon
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report
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19

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 3/5/27 (28) Local Registrar James

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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