

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Chathamor Inc. Town of Rock HillCity of Rock Hill

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

30631

Registration District No. 4405 Registered No. 74  
(For use of Local Registrar)(No. Rte. 6 St.; 6 Ward)

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

(2) Full Name of Child Wm. Craig If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 17, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William C. Craig(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Dairymenor House Keeping(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie M. Crump(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House Keeping(21) 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 born alive or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Kate H. 72(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

Wm. Craig28/1 1923

Registrar

(26) Witness Lorah Bright Whitely

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

(27) Filed 9/4/1923 (28) E. L. Irvin 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.