

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44B Registered No. 118

File No. — For State Registrar Only

20487

(For use of Local Registrar)

(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 Charles Spencer Gettys If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth 2nd(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH 6/8 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEEbenezer Gettys(9) PRESENT
POSTOFFICE
OF FATHERRock Hill S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY 41
(Years)

(12) BIRTHPLACE

York Co. S. C.

(13) OCCUPATION

Leam Tixer(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGEBuelah Collins(15) PRESENT
POSTOFFICE
OF MOTHERRock Hill S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY 40
(Years)

(18) BIRTHPLACE

Lancaster S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 7/10/22

(28)

[Signature]
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.

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(r)

Ward)

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