

Form No 1.

(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 not namedFile No.—For Birth Registration Only  
**50755**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 442 Registered No. 39

(For use of Local Registrar)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>Is he reported only in case of Twin or Triplet?</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Feb 29</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>Geo. Anderson</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Yorkton, N. C.</u>	(12) BIRTHPLACE <u>York</u>
(10) COLOR OR RACE <u>Colored</u>	(13) OCCUPATION <u>Common Laborer</u>
(20) Number of children born to mother, including present birth <u>1</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Josie Hope</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill</u>	(18) BIRTHPLACE <u>Chesler</u>
(16) COLOR OR RACE <u>Colored</u>	(19) OCCUPATION <u>Domestic</u>
(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Rock Hill, S.C. on the date above stated.  
(Born alive or stillborn) (GIVEN A. M. or P. M.)(23) (Signature) D. C. Anderson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Rock Hill, S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mother)(27) Filed 3/10/11 191.... (28) J. H. H.  
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia.