

## (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.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20483

Registration District No. 44 Registered No. 117

(For use of Local Registrar)

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

(2) Full Name of Child (Mary Leah) Hunter If child is not yet named, make supplemental report as directed3 BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 6/3/22 19... (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME W.A. Hunter.9. PRESENT POSTOFFICE OF FATHER Rock Hill.10. COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 33 (Years)12. BIRTHPLACE Lancaster Co.13. OCCUPATION Mill Operator20. Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Leah.(15) PRESENT POSTOFFICE OF MOTHER Rock Hill.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE York Co.(19) OCCUPATION Housewife.(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 alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. Frank Clark M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/7/22 19... (28) J. M. M. 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.