

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20507

46

County of York
City of Rock Hill

Town of

Registration District No. 4401

Registered No. 46
(For use of Local Registrar)

(No. St. Ward) ...
If child is not yet named, make supplemental report as directed

Full Name of Child Mattie Donatha McConery

If child is not yet named, make supplemental report as directed

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 21, 1922
(Month) (Day) (Year)

FATHER.

NAME Alfred McConery

RESIDENT Rock Hill

AGE AT LAST BIRTHDAY 33
(Year)

BIRTHPLACE York Co

OCCUPATION Farmer

Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie McConnel

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.

(16) COLOR OR RACE Cauc

(17) AGE AT LAST BIRTHDAY 36
(Years)

(18) BIRTHPLACE York

(19) OCCUPATION Domest

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:40 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. E. P. ...

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

M.D. Rock Hill, S.C.

Given name added from a supplemental report

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

(27) Filed June 2, 1922 (28) S. 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.

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