

MARGIN RESERVED FOR FILING.

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD.  
 N. B.—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 3.

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
 Township Rock Hill  
 or  
 Inc. Town of Rock Hill  
 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  
26629

Registration District No. 4413 Registered No. 151  
 (For use of Local Registrar.)  
 (No. .... St.; .... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Paul

(3) BOY OR GIRL Y. (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married Y (7) DATE OF BIRTH Nov 5 1928  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ellis Herman Proyle  
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE York Co. S.C.  
 (13) OCCUPATION Textile  
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) FULL NAME Margorie Ella Burger  
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Franklin Co. N.C.  
 (19) OCCUPATION Textile  
 (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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) D. O. C. E. M.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 19  
 Registrar

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

(27) Filed Nov 10 1928 (28) K. L. E. 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.  
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