

1. PLACE OF BIRTH

County of York

Township of _____

or

Inc. Town of _____

or

City of Rock Hill

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44-2

FILE No.—For State Registrar Only

6095Registered No. 20

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Ward _____

2. FULL NAME OF CHILD Virginia Ruth McCauley

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

3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature Full term _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Jan. 12</u> 19 <u>22</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>G. A. McCauley</u>			18. Name before marriage <u>MOTHER</u> <u>Ruth Phillips</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Gray Court, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Gray Court, S.C.</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>25</u> (Years)	20. Color or race <u>White</u> <u>23</u> (Years)			
13. Birthplace (city or place) (State or country) <u>Gray Court, S. C.</u>		21. Age at last birthday <u>23</u> (Years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegraph</u>		22. Birthplace (city or place) (State or country) <u>Rock Hill, S. C.</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Operator</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>			
16. Date (month and year) last engaged in this work <u>19</u>		17. Total time (years) spent in this work <u>19</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work <u>19</u>		26. Total time (years) spent in this work <u>19</u>		27. Number of children of this mother (At time of birth and including this child) <u>2</u>	
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____			
30. If stillborn, period of gestation _____ months _____ weeks					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 A. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date.

(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____

(Specify)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. E. Duncanson, M.D.

or _____ Midwife.

Given name added from _____
a supplementary report _____

(Date of)

Address Rock Hill, S.C.Filed Feb. 14 1922Mrs. J. P. Truller
Registrar

Registrar.