

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

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. Philip Lewis McInnis

File No.—For State Registrar Only

32700

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 44 B Registered No. 182

(For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 (Name of Month) (Day) (Year)(8) FULL NAME FATHER. Arthur McInnis(9) PRESENT POSTOFFICE OF FATHER Moneta, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill(14) NAME BEFORE MARRIAGE Mrs. Kiley(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Mill(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 4 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 10/1/22 (28) J. R. Miller 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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