

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

DEPT. OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
 Township of
 OF
 Inc. Town of
 OF
 City of Rock Hill S.C.

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

Registration District No. 44 B

File No.—For State Registrar Only
26624

Registered No. 176
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? B. (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? X (7) DATE OF BIRTH Jan 31, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Barney E. Wetton
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE Anderson Co S.C.
 (13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ella May Allen
 (15) PRESENT POSTOFFICE OF MOTHER Maure St.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE Chester Co S.C.
 (19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 5

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) Daniel Ryle
 (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 8/12 1923 (28) 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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