

WHITE 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		20481	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4444</u>		Registered No. <u>11a</u>	
or				(For use of Local Registrar)	
City of <u>Rock Hill</u>		(No. <u>Payk Ave</u> 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 <u>Thalee Louise Fudler</u> (If child is not yet named, make supplemental report as directed)					
3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> (to be answered only in event of Twins or Triplets)	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 2, 1932</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
8) FULL NAME <u>C. Frank B. Fudler</u>			14) NAME BEFORE MARRIAGE <u>Thalee Thibet</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill - S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill - S.C.</u>		
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	16) COLOR OR RACE <u>White</u>		17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>		18) BIRTHPLACE <u>S.C.</u>			
13) OCCUPATION <u>Clerk in Bank</u>		19) OCCUPATION <u>Domestic</u>			
20) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P.M.</u> on the date above stated. (Normally or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. D.</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Rock Hill - S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
....., 19		(27) Filed <u>July 1, 1932</u> (28) <u>W. H. D.</u> Local Registrar.			
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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births