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 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York

Township of .....

or

Inc. Town of .....

or

City of Rock Hill S.C. (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of place 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

26622

Registration District No. 44B Registered No. 172

(For use of Local Registrar)

(2) Full Name of Child Mildred Adaline

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

(3) BOY OR GIRL? G

(4) Twin or Triplet? X

(5) Number in order of birth X

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 18 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Allen Farris

(9) PRESENT POSTOFFICE OF FATHER Ashbutt S.C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Hambrick

(15) PRESENT POSTOFFICE OF MOTHER Ashbutt S.C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. (Born alive or stillborn) at P. (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Dorothy Lyle MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rock Hill S.C.

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 8/12 1923 (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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