

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

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

32703

Registration District No. 44 B Registered No. 171

(For use of Local Registrar)

(No. Hager St.; Arade Ward)(2) Full Name of Child William Charles Still

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 18, 1922
(Name of Month) (Day) (Year)(8) FULL NAME OF FATHER Wm Fred G. Still(14) NAME BEFORE MARRIAGE Margie Clark(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Asst Supt. Cotton mill(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2(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... born... at 9 P.... M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm Fred G. Still

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/2/22 19 22(28) Wm Fred G. Still

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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