

Form No. 2
 PRINTED IN COLUMBIA, SOUTH CAROLINA
 WITH 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 2.

(1) PLACE OF BIRTH
 County of York
 Township of

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

File No.—For State Registrar Only
45003

Inc. Town of Registration District No. 44B Registered No. 189
 or
 City of Rock Hill (No. 117 Eden Ave Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Ledger Lomel Stone If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 20 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Samuel Stone
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE N. C.
 (13) OCCUPATION Mill work
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Belle Cole
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE N. C.
 (19) OCCUPATION Domestic
 (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 alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. G. Gaudin

(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 1/11/16 (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.
 a child breathes even once, it must not be reported as stillborn. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.