

PLACE OF BIRTH

County of York

Municipality of

No. Town of

City of Rock Hill, S.C.

(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

Registration District No. 44B

No. 14.—For this Register

5492

Registered No. 24
(For use of Local Registrar)(1) Full Name of Child William Duane Mc Kibben If child is not yet named, make supplemental report as directed

(2) SEX OR GENDER Boy (3) TIME OF BIRTH 10:30 (4) DATE OF BIRTH Feb. 2, 1923
 (5) PLACE OF BIRTH Rock Hill, S.C. (6) AGE AT LAST BIRTHDAY 33 (7) RACE W. (8) COLOR W.

(9) FATHER'S FULL NAME Mr. Joseph Mc Kibben
 (10) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.

(11) COLOR OR RACE W. (12) AGE AT LAST BIRTHDAY 33 (13) BIRTHPLACE Rock Hill, S.C.

(14) OCCUPATION Textile

(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 2

(16) MOTHER'S FULL NAME Miss Ada (Johnson)
 (17) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.

(18) COLOR OR RACE W. (19) AGE AT LAST BIRTHDAY 38 (20) BIRTHPLACE Kershaw, S.C.

(21) OCCUPATION House

(22) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 12:10 A.M., on the date above stated. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) (Signature) J. P. Jackson(27) State whether Physician or Midwife Physician(28) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

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

(30) Filed 3/5/23 (31) 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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