

## (1) PLACE OF BIRTH

County of ... York ...

Township of ...

In Town of ...

or ...

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

File No.—For State Registrar Only

38018

Registration District No. 44 B Registered No. 268

(For use of Local Registrar)

City of ... Rock Hill, S.C. ... (No. ... 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 ... Elizabeth Noel ...

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 22, 1923 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME John M. Noel (14) NAME BEFORE MARRIAGE Lina (Tomason)(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C. (15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (12) AGE AT LAST BIRTHDAY 24 (Years)(13) BIRTHPLACE Rock Hill, S.C. (16) BIRTHPLACE York Co(14) OCCUPATION Painter (17) OCCUPATION House(18) Number of children born to mother, including present birth 4 (19) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. A. Blackman(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 22 is signed by mark)

(27) Filed ... (28) 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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