

(1) PLACE OF BIRTH

County of YorkTownship of Shenegeror
Inc. Town of.....or
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number,)

Registration District No. 4404 Registered No. 73
(For use of Local Registrar)(2) Full Name of Child Reba Mae Whitehurst

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

| | | | | |
|---------------------------|--|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>G</u> | (4) Twin or Triplet? <u>Yes</u> To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept 4 1922</u> (Name of Month) (Day) (Year) |
|---------------------------|--|------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME P. Carl Whitehurst(9) PRESENT POSTOFFICE OF FATHER B. B. Hill.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Leann(13) OCCUPATION Textile.(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Mae Blake(15) PRESENT POSTOFFICE OF MOTHER "(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Leann(19) OCCUPATION None(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 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Hill

(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 9/16/22 at Rock Hill S. C.
(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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