

(1) PLACE OF BIRTH

County of York
 Township of Rock Hill
 or
 Inc. Town of
 or
 City of Rock Hill

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

30571

Registration District No. 44 B Registered No. 201
 (For use of Local Registrar)

(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 Mellie May Sanders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 24, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Holler
 (9) PRESENT POSTOFFICE OF FATHER Charm S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm work

MOTHER.

(14) NAME BEFORE MARRIAGE Mellie May Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mellie May Sanders(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Rock Hill S.C.

(Given name added from a supplement-
 tal report)

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

(27) Filed 9/15 1923 (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.