

No. 3

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Rock Hill

(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. 44Registered No. 173
(For use of Local Registrar)(2) Full Name of Child Mary Pittman

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

(3) BOY OR GIRL g(4) Twin or Triplet x(5) Number in order of birth x(6) Are Parents Married h

(7) DATE OF BIRTH

Jan 22, 1927
(Name of Month) (Day) (Year)FATHER. Wm R. Johnson(8) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(9) COLOR OR RACE W(10) AGE AT LAST BIRTHDAY 26
(Year)(11) BIRTHPLACE York Co. S.C.(12) OCCUPATION lytle(13) NAME BEFORE MARRIAGE Mary E. Chason(14) PRESENT POSTOFFICE OF MOTHER R. H. S.C.(15) COLOR OR RACE W(16) AGE AT LAST BIRTHDAY 23
(Year)(17) BIRTHPLACE York Co.(18) OCCUPATION Dom(19) Number of children born to mother, including present birth 7(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.)(22) (Signature) L. E. Ryle

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed 1/231927

(27) 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.