

(1) PLACE OF BIRTH

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County of York

Township of Rock Hill

or Inc. Town of Rock Hill

or 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

File No.—For State Registrar Only

40404

Registered No. 204

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Henry Ponish

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH July 10 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Parish

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Clerk

MOTHER.

(14) NAME BEFORE MARRIAGE

Maudie Cook

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. H. Sumner

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed 11/14 1922

(28) P. H. Sumner 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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