

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Rose 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

47709

Registration District No. 44 B Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child Chas. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>B.</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>May 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Chas. Price(9) PRESENT POSTOFFICE OF FATHER R.H.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Columbia, S.C.(13) OCCUPATION Miss Operator(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Kelin Hufstader(15) PRESENT POSTOFFICE OF MOTHER R.H.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Columbia, S.C.(19) OCCUPATION Miss Operator(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 B. at 3:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) David Lyle M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 7/17 1916 (28) J. R. Meier 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN. NO. 1. THE OTHER, NO. 2, etc., in question 5.

McCaw, of Columbia