

(1) PLACE OF BIRTH

County of Cherokee
 Township of Marysville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30328

Registration District No. 4102Registered No. 76
(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 John Banks Threlkeld If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------|---|---------------------------------|--|---|
| (3) SEX OR <u>Boy</u> | (4) Twin or Triplet 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 8 1923</u> (Name of Month) (Day) (Year) |
|--------------------------|---|---------------------------------|--|---|

| FATHER. | | | MOTHER. | | |
|---|--|--|--|---|--|
| (8) FULL NAME <u>George Hankland</u> | (14) NAME BEFORE MARRIAGE <u>Rosa Threlkeld</u> | | (14) NAME BEFORE MARRIAGE <u>Rosa Threlkeld</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Marysville SC</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Marysville SC</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Marysville SC</u> | | |
| (10) COLOR OR RACE <u>Col</u> | (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) | | (16) COLOR OR RACE <u>Col</u> | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) | |
| (12) BIRTHPLACE <u>SC</u> | | | (18) BIRTHPLACE <u>SC</u> | | |
| (13) OCCUPATION <u>Mechanic</u> | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary A. Davis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marysville SC

Given name added from a supplement-
 al report

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by midwife)
 (27) Filed Sept 2 23 (28) Chas. H. Taylor
 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.

STATE OF NEW YORK
CITY OF NEW YORK SS:
COUNTY OF KINGS

ROSA AIRLAND, being duly sworn, deposes and says: I am the mother of JOHN B. AIRLAND, who was born on September 6, 1923.

WHEREFORE, I respectfully request that you correct my name on the birth record #30328, Registration District #4102, Registered #73, to read Rosa Rickarson, which is my maiden name.

I presently reside at 31 4th Street, Brooklyn, New York.

Sworn to before me this
26 day of April, 1940.

Rosa Rickarson

Mortimer Block

MORTIMER A. BLOCK, Notary Public
Kings Co. Clerk's No. 51, 100, 101, 102
N. Y. Co. Clerk's No. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
Queens Co. Clerk's No. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
Term Expires March 1, 1941