

## (1) PLACE OF BIRTH

County of York

Township of .....

or  
Inc. Town of .....City of Rock Hill, S.C.

(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

5501

 Registration District No. 44B Registered No. 29  
 (For use of Local Registrar)
(2) Full Name of Child Harvey Clyde Reynolds If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant <u>To be reported in case of Twin or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 18, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Harvey Clyde Reynolds(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Lee Co.(13) OCCUPATION Wheat Market(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lela Elizabeth (Starnes)(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION House(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 alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Blackmon(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/57 (28) 23 (29) Johnnie 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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