

## (1) PLACE OF BIRTH

County of York  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Rock Hill

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2737

Registration District No. 44 BRegistered No. 6  
(For use of Local Registrar)(2) Full Name of Child Lou Rhia Hall

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Month of Month) (Day) (Year)

## FATHER

(8) FULL NAME

James Hall

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Laborer on Public Works

(20) Number of children born to mother, including present birth

1

## MOTHER

(14) NAME BEFORE MARRIAGE

Lou Rhia Hall

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour P.M. or P.M.)(23) (Signature) Carlin Steel

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/4 1922

(28)

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.