

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of
 OF
 Inc. Town of Rock Hill
 OF
 City of
 (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

16240

Registration District No. 4463Registered No. 92
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>May 1, 23</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME				(14) NAME BEFORE MARRIAGE <u>Florence Duvall</u>
(9) PRESENT POSTOFFICE OF FATHER <u>LK</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill SC</u>
(10) COLOR OR RACE <u>Negro</u>				(16) COLOR OR RACE <u>Negro</u>
(11) AGE AT LAST BIRTHDAY (Years)				(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE				(18) BIRTHPLACE <u>SC.</u>
(13) OCCUPATION				(19) OCCUPATION <u>Comm Soldier</u>
(20) Number of children born to mother, including present birth <u>3</u>				(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

If given name added from a supplemental report

(26) Witness

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

(27) Filed

8/12/23

(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.