

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

Inc. or 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

File No.—For State Registration Only

54134

Registration District No. H41B Registered No. 53

(For use of Local Registrar)

(2) Full Name of Child Sarah Louise

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

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 12, 1900

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Edward F. McGee(14) NAME BEFORE MARRIAGE Louise Peterson(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Years)(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE York Co(18) BIRTHPLACE Lancaster, S.C.(13) OCCUPATION Police(19) OCCUPATION Housework(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White, at Rock Hill, S.C. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. F. Blackman

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

Physician Rock Hill, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed for mother)

(27) Filed 3 p.m. 6 (28) J. R. Miller 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.
WHITE 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.
Caw. of Columbia.