

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

22 050123

Standard Certificate of Birth

FILE No.—For State Registrar Only
02401

1. PLACE OF BIRTH

County of York
Township of Catawba
or
Inc. Town of _____
or
City of Rock Hill
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA

Registration District No. 44

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Hezekiah Marion Stanley

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

3. Boy ☒ Girl ☐ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? ☒ 8. Date of birth Dec 24 1912
(Month, day, year)

9. Full name FATHER
John Buford Stanley Sr.

18. Name before marriage MOTHER
Frances Marion Clinton

10. Residence (mailing address)
(If non-resident, give place and State) Rock Hill, SC.

19. Residence (mailing address)
(If non-resident, give place and State) Rock Hill, SC.

11. Color or race White 12. Age at child's birth 28 (years)

20. Color or race White 21. Age at child's birth 23 (years)

13. Birthplace (city or place)
(State or country) Breunsville, Country Va.

22. Birthplace (city or place)
(State or country) Chester Co., S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Printer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) _____
19 _____ spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____
19 _____ spent in this work _____

27. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks _____ 29. Cause of stillbirth _____
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was ALIVE at One A. m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. John Buford Stanley Parent or _____ Guardian

Given name added from a supplementary report _____ (Date of) _____

Address _____
Filed Dec. 19 1912 M.B. Woodward, M.D.
Registrar.

Registrar.