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## Standard Certificate of Birth

FILE No.—For State Registrar Only

02401

## 1. PLACE OF BIRTH

County of YorkTownship of Catawbaor  
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. 44Registered No. \_\_\_\_\_  
(For use of Local Registrar)2. FULL NAME OF CHILD Hezel 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  Full term \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth Dec 24 1912  
(Month, day, year)9. Full name John Buford Stanley Sr. FATHER18. Name before marriage FRANCES Marion Clinton MOTHER10. Residence (mailing address) Rock Hill, SC.  
(If non-resident, give place and State)19. Residence (mailing address) Rock Hill, SC.  
(If non-resident, give place and State)11. Color or race White 2. 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) Brantwick  
(State or country) Country Va.22. Birthplace (city or place) Chester Co., S. C.  
(State or country)

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. Printer24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home16. 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 \_\_\_\_\_ GuardianGiven name added from a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_Address \_\_\_\_\_  
Filed Dec. 19 1912 M. B. Woodward, M. D.  
Registrar.

Registrar.

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.)