

(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

6094

Registration District No. 44D Registered No. 18
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth 3rd (6) Are Parents Married? yes (7) DATE OF BIRTH 1/2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. L. Holroyd(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Blackstock, S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Anderson(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE Piedmont S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above at 7:11 A.M. or P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. E. Simpson M.D.

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

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/14/22 (28) J. J. Smith 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.