

## (1) PLACE OF BIRTH

County of York

Township of .....

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20493

Registration District No. 4413 Registered No. 125

(For use of Local Registrar)

(2) Full Name of Child James West

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

(3) <del>BOY OR GIRL?</del>	(4) <del>Sex</del> <u>Triplets</u> <small>To be answered only in case of 1— or 1— triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William West</u>			(14) NAME BEFORE MARRIAGE <u>Maud Bradley</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill Se</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill Se</u>	
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>			(18) BIRTHPLACE <u>North Carolina</u>	
(12) BIRTHPLACE <u>North Carolina</u>			(19) OCCUPATION <u>Domestic</u>	
(13) OCCUPATION <u>Textile</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	
(20) Number of children born to mother, including present birth <u>1</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. S. S. S.

(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 7/11/1922 (28) J. J. 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McNaw, of Columbia.