

PLACE OF BIRTH

City of Yurri

County of

Town of

State of Rock Hill S.C.

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

Full Name of Child B. J. Jr.

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

(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Y(7) DATE OF BIRTH 10 - 20 - 22

(Name of Month) (Day) (Year)

FATHER.

Name Ben Tillman HableyPresent Postoffice Rock Hill S.C.(11) AGE AT LAST BIRTHDAY 30

(Years)

Birthplace Clinton CoOccupation Shoe maker.Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Dawkins(15) PRESENT POSTOFFICE OF MOTHER R. H. S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Fairfield Co(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. J. Jr. at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Donald Rife

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

Time added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/20/22 (28) Donner Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

File No.—For State Registrar Only

40414

Registration District No. 44 B Registered No. 211 (For use of Local Registrar)

(No. St.; Ward)

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

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