

(1) PLACE OF BIRTH *100 - 54186-1916*County of *York*

Township of .....

Inc. Town of .....

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

54131

Registration District No. *HAB* Registered No. *5-6*

(For use of Local Registrar)

City of *Rock Hill* (No. *Argon Mill* St.; ..... Ward)(2) Full Name of Child *Clayton Glenn Hite* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *B* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Y* (7) DATE OF BIRTH *3 19 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Irish Hite*(9) PRESENT POSTOFFICE OF FATHER *Rock Hill*(10) COLOR OR RACE *N.* (11) AGE AT LAST BIRTHDAY *27* (Years)(12) BIRTHPLACE *N. C.*(13) OCCUPATION *Cotton mill*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lela Lyle*(15) PRESENT POSTOFFICE OF MOTHER *Rock Hill*(16) COLOR OR RACE *N.* (17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *N. C.*(19) OCCUPATION *Dom.*(21) Number of children of this mother now living, including present birth *1*

## 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) *J. G. Crawford*

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

*N. C. Rock Hill*

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed *4/1/1916* (28) *J. G. Crawford* 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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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia.