

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)

1. PLACE OF BIRTH

County of York  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Rock Hill S.C. (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44B

FIL 22 050114

Registered No. 312

(For use of Local Registrar)

2. FULL NAME OF CHILD

Joseph Sar Faile, Jr.

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

3. Boy or Girl X If Plural birth \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth Jan 12 1922 (Month, day, year)

FATHER  
9. Full name Joseph Sar Faile  
10. Residence (usual place of abode) Rock Hill S.C.  
(If non-resident, give place and State)

MOTHER  
18. Full maiden name Rebecca Jane (Parker)  
19. Residence (usual place of abode) Rock Hill S.C.  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (Years)  
Kershaw Co S.C.  
13. Birthplace (city or place) S.C.  
(State or country)

20. Color or race W 21. Age at last birthday 24 (Years)  
York Co S.C.  
22. Birthplace (city or place) S.C.  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Textile  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 11 yrs

OCCUPATION  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) 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 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months weeks \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 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) [Signature] M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Oct 29 1938 Mrs J. B. Miller Registrar.

Registrar.