

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  Girl

If Plural birth

4. Twin, triplet, or other

6. Premature

7. Are Parents

8. Date of birth

Jan 12 22

19. 22

5. Number, in order of birth

Full term

Yes

Married?

Yes

(Month, day, year)

9. Full name

Joseph Sar Faile

FATHER

18. Full maiden name

Rebecca Jane (Parker)

MOTHER

10. Residence (usual place of abode)

Rock Hill S.C.

(If non-resident, give place and State)

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)

20. Color or race W

21. Age at last birthday 24 (Years)

13. Birthplace (city or place)

Kershaw Co S.C.

(State or country)

22. Birthplace (city or place)

York Co S.C.

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Weaver

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Textile

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work 11 yrs

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) M. B. Blanton, M.D.

Given name added from

a supplemental report

(Date of)

or ..... Midwife

Address

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

Registrar.

Registrar.