

(1) PLACE OF BIRTH

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

No. 10.—For State Registrar Only

5502

Registration District No. 44BRegistered No. 7111

(For use of Local Registrar)

(No. Hope St.) (Ward)

(2) Full Name of Child

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

(1) SEX OF CHILD Boy (2) Twin or Triplet No To be entered only in case of Twin or Triplet (3) Number in order of birth 1st (4) Are Parents Married Yes (5) DATE OF BIRTH Feb. 20, 1923 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Walter L. Robbins(7) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 32 (Years)(10) BIRTHPLACE S.C.(11) OCCUPATION Locomotive Railway Engineer(12) Number of children born to mother, including present birth 4

MOTHER.

(13) NAME BEFORE MARRIAGE Eula Amick(14) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 27 (Years)(17) BIRTHPLACE S.C.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born at 2 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) J. E. Laury(22) State whether Physician or Midwife (23) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report

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

(25) Filed 3/5/23 (26) 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.

Secure the birth month of pregnancy.