

(1) PLACE OF BIRTH

County of York

Township of

or Town of

City of Rock Hill

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

(2) Full Name of Child Boyd Waldrup(3) BOY OR GIRL Boy(4) Twin or triplet? No(5) Number in order of birth 5(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 31 1923
(Name of Month) (Day) (Year)

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

(8) FULL NAME

B. Waldrup

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE

May Smith

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE

Rock Hill S.C.

(19) OCCUPATION

Housewife(20) 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 born as 7 P. M.,
(Both alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. E. Simpson

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/10/23

(28)

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 24th month of pregnancy.

before the sixth month of pregnancy.