

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

16232

County of YorkMunicipality of YorkCity of Yorkor Rock Hill, S.C.or Rock Hill, S.C.Registration District No. 44B Registered No. 84

(For use of Local Registrar)

(No. 1 St. 1 Ward)

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

Full Name of Child Laurel

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

BOY OR
GIRL(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH (Name of Month) (Day) (Year)

(to be answered only in event of Twin or Triplet)

FATHER.

FULL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, as born alive (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

If name added from a supplement-
al report

(26) Witness

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

(27) Filed

6/1/1923

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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