CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12461

(1) PLACE OF BIRTH

County of York

Township or Broad River

OR

Inc. Town of .....

OR

City of .....

Registration District No. 4402 Registered No. 4

(For use of Local Registrar)

(No. Floyd Miller Hallock St. ..... Ward)

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

(2) Full Name of Child [illegible] If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 23 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Robt. Miles Hallock	(14) NAME BEFORE MARRIAGE Bessie Bolen
(9) PRESENT POSTOFFICE OF FATHER Smyrna SC	(15) PRESENT POSTOFFICE OF MOTHER Smyrna SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE York	(18) BIRTHPLACE York
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) B H Miller

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Clover

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 5/12 1923 (28) C W Kirk
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.

PRINT-BORN, No. 8 THIS OFFICE, No. 2, etc., in question 4 [illegible] and write the [illegible]
State of Columbia, Columbia, S. C.