

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of T. R. 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

File No. — For State Registrar Only

2742Registration District No. 44 Registered No. 11

(For use of Local Registrar)

(No. 2 St.; Ward)(2) Full Name of Child Frances Elsie Whitehurst child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 1922</u> (Year of Month) (Day) (Year)
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FATHER.**MOTHER.**

(8) FULL NAME <u>Thomas O. Whitehurst</u>	(14) NAME BEFORE MARRIAGE <u>Aunie Stewart</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
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(12) BIRTHPLACE <u>Levens</u>	(18) BIRTHPLACE <u>S.C.</u>
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(13) OCCUPATION <u>Col. mill operator</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Massey(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Rock Hill S.C.

Given name added from a supplemental report

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

(27) Filed 7/7/22 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.

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