

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

15062

Registration District No. 4408

Registered No. 24

(For use of Local Registrar)

2) Full Name of Child *Stancer Murray Rock Jr.*

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

(3) BOY OR GIRL? *Y*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets.

(6) Are Parents Married? *Y*(7) DATE OF BIRTH *Dec 17 1921*

## FATHER.

(8) FULL NAME *J. Murray Rock*(9) PRESENT POSTOFFICE OF FATHER *Fort Mill S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *28* (Years)(12) BIRTHPLACE *Fort Mill S.C.*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Elizabeth Jones*(15) PRESENT POSTOFFICE OF MOTHER *Fort Mill S.C.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *31* (Years)(18) BIRTHPLACE *Fort Mill S.C.*(19) OCCUPATION *House wife*(21) 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 alive* at *3 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *L. H. Hilly*

(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 *Dec 30 1921*

(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 fifth month of pregnancy.

\*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.

WHEN THERE IS A MARRIAGE, THE REGISTRAR SHALL BE A WITNESS. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 1.

McCaw, of Columbia