

Form No. 1

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

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

(2) Full Name of Child Robt Shurley JrFile No. — For State Registrar Only
9487Registration District No. 4413 Registered No. 38
(For use of Local Registrar)

St.: Ward)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/16 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

(8) FULL NAME FATHER
Robt Shurley(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Cotton Mill Work(20) Number of children born to mother, including present birth one(14) NAME BEFORE MARRIAGE MOTHER
Minnie Moffatt(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE A. C.(19) OCCUPATION Cotton Mill Work(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marta McCross(24) State whether Physician or Midwife 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 3/24 1922 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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 5.

REGARD OF COLUMBIA, COLUMBIA, S. C.