

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Rock Hill (No. St.; Ward)2) Full Name of Child Wm. H. Henry

File No.—For State Registrar Only

12437

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 440Registered No. 68

(For use of Local Registrar)

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

DAY OF
MAY4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL
NAMEPRESENT
POSTOFFICE
OF FATHERGIVEN
BY

FATHER

BIRTHPLACE

OCCUPATION

Has child been born to
same woman as present birth(11) AGE AT LAST
BIRTHDAY 93
(Years)

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 19
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Rock Hill, S.C. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. H. B. S. R. C. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplement-
al report

191.

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 5/10 1913

(28)

J. R. Miller
Local RegistrarWhen 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.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.