

(1) PLACE OF BIRTH
County of Pickland
Township of

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

File No.—For State Registrar Only
2311

Lar. Town of Columbia Registration District No. 38 Registered No. 1080
(For use of Local Registrar)
City of Columbia (No. 406 Ball Mall) 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. Thyane B. Rockley 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 July 31, 1922
(If born on day of month, (Day) (Month) (Year))

FATHER		MOTHER	
(8) FULL NAME <u>Virgil Eddie Rockley</u>	(14) NAME BEFORE MARRIAGE <u>Irma Owens</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>
(10) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(11) BIRTHPLACE <u>Columbia, S.C.</u>	(19) BIRTHPLACE <u>Pa.</u>	(20) OCCUPATION <u>U.S. Navy</u>	(21) OCCUPATION <u>House wife</u>
(22) Number of children born to mother including present birth <u>1</u>	(23) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated. (Born alive or stillborn? (If born A. M. or P. M.)
(23) (Signature) Thyane B. Rockley
(24) State where Physician or Midwife Physician Columbia (25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question is signed by mark)
(27) Filed 2-8 John C. Hager 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 reported as stillborn, No report is desired if child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.