

Use this form for TWINS OR TRIPLETS and a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, mark the SEX of CHILD, Male or Female.

(1) PLACE OF BIRTH

County of York  
Township of Bethesda  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
**26676**

Registration District No. 4401 Registered No. 42  
(For use of Local Registrar)

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

(2) Full Name of Child George Herman Bolin Jr.

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

(3) BOY OR GIRL 13 (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married yes (7) DATE OF BIRTH July 12, 23  
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME George H. Bolin Sr.  
(9) PRESENT POSTOFFICE OF FATHER W. I. Rock Hill S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 45  
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Farmer

(15) PRESENT POSTOFFICE OF MOTHER "

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 39  
(Year)

(18) BIRTHPLACE W.C.

(19) OCCUPATION Hom.

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) L. J. Hay Jr. (23) State whether Physician or Midwife (24) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report

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

(26) Filed 7/21/23 (27) Registrar J. K. Miller

\*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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