

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.

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>Benjamin</u> or Inc. Town of <u>Rock Hill</u> or City of <u>Rock Hill</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		REGISTERED STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>4405</u> Registered No. <u>91</u> (For use of Local Registrar)		File No.—For State Registrar Only 75251
(2) Full Name of Child <u>Elizabeth Catherine Souders</u> (If child is not yet named, make supplemental report as directed)				
(3) <u>BOY OR GIRL?</u>	(4) <u>Twin or Triplet?</u> To be answered only in event of Twins or Triplets	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u>	(7) <u>DATE OF BIRTH</u> <u>Aug 30</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>John Souders</u> (9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (12) BIRTHPLACE <u>South Carolina</u> (13) OCCUPATION <u>Mill Work</u> (20) Number of children born to mother, including present birth <u>1</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Alice Seaby</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (18) BIRTHPLACE <u>South Carolina</u> (19) OCCUPATION <u>Mill Work</u> (21) Number of children of this mother now living, including present birth <u>Four</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>May 30th</u> at <u>1:00</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Ray J. Summer</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Rock Hill S.C.</u>				
Given name added from a supplemental report _____ _____, 19 ____ Registrar			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>9/9/16</u> 19 <u>16</u> (28) <u>J. H. Muel</u> 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.				