

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of .....

or  
Inc. Town of .....or  
City of Rock Hill

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54130

Registration District No. 44B Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Lillian E. Sweett { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE Mar 21 BIRTH 1904

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alonso Sweett(9) PRESENT POSTOFFICE OF FATHER Rock Hill(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Rock Hill S.C.(13) OCCUPATION mill(20) Number of children born to mother, including present birth { one }

## MOTHER.

(14) NAME BEFORE MARRIAGE Lela Williams(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Monroe, N.C.(19) OCCUPATION Housework(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7 P. M.(23) (Signature) Chas. P. Blackburn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianRock Hill S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/29/1904 (28) J. P. Miller 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.

MARGIN RESERVED FOR BINDING.

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

M. R.—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.

Seal of Columbia.