

PLACE OF BIRTH

City of York

County of

or

Town of

or Rock Hill

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

Full Name of Child

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40409

Registration District No. 44 B Registered No. 209
(For use of Local Registrar)(No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

SEX OR AGE <u>Y</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>9-10-22</u> (Name of Month) (Day) (Year)
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FATHER.

FULL NAME Archie J. ThraillPRESENT POSTOFFICE OF FATHER Rock HillCOLOR OF RACE W AGE AT LAST BIRTHDAY 34
(Year)BIRTHPLACE Crawfordsburg CoOCCUPATION SalesmanNumber of children born to father, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Wilma M. Fudge(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OF RACE W (17) AGE AT LAST BIRTHDAY 21
(Year)(18) BIRTHPLACE Charles Co(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Daniel
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed 11/20/22 (28) Local Registrar

If 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.