

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of Rock Hill

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Use

19517

Registration District No. 44 Registered No. 120

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child Willis May Willis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boys</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>6/8/33</u>
To be answered only in event of Twin or Triplet				(Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME John M. Willis(10) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(11) AGE AT LAST BIRTHDAY 33(12) BIRTHPLACE Edgelyfield(13) OCCUPATION Trailer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Judith Mallett(15) PRESENT POSTOFFICE OF MOTHER Rock Hill(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 33(18) BIRTHPLACE Edgelyfield(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at a M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) W. Frank Blair (23) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 7/5 19 33 (27) 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.

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