

City of Rock Hill  
County of Dr. Halls

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

No. 14582

City of ..... Registration District No. 2.7.01 Registered No. 69  
(For use of Local Registrar)  
or ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child ..... If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 23 23</u> (Give of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(11) FULL NAME <u>Wm. Reid Hanes</u>		(14) NAME BEFORE MARRIAGE <u>Malon Rice</u>		
(12) PRESENT RESIDENCE OF FATHER <u>Candler</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Candler</u>		
(13) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		
(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)		(18) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(19) BIRTHPLACE <u>Union Co</u>		(20) BIRTHPLACE <u>Gummet Co Ga</u>		
(21) OCCUPATION <u>Farmer</u>		(22) OCCUPATION <u>Housewife</u>		
Number of children born to mother, including present birth { <u>4</u> }		(23) Number of children of this mother now living, including present birth { <u>4</u> }		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 3 A. M.  
on the date above stated.

(24) (Signature) W. H. Hanes  
(25) State Physician or Midwife (26) Address of Physician or Midwife Candler

(27) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mother)

(28) Signed May 16 1923 (29) R. H. Nelson  
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.

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