

(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.)

(2) Full Name of Child Shelley(3) BOY OR GIRL Y(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Y(7) DATE OF BIRTH Apr 10 23

If child is not yet named, make supplemental report as directed

(8) FULL NAME Bromley Bronson(9) PRESENT POSTOFFICE OF FATHER Rock Hill(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE Y.(13) OCCUPATION Letter(14) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Minnie Stuart(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 22(18) BIRTHPLACE York Co SC(19) OCCUPATION Dom.(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) D. M. K.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed 7/1/23

(27) 10 4

(28) 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and in question 1 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
20052Registration District No. 1111 Registered No. 1111
(For use of Local Registrar)