(1) PLACE OF BIRTH

County of York

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30580

Registration District No. 442 Registered No. 209
(For use of Local Registrar)

(No. Highland St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mable Louise Harrow

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

(3) BOY or GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	Sept	26	1923

FATHER

(8) FULL NAME Henry C. Harrow

(9) PRESENT POSTOFFICE OF FATHER Rock Hill S. C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Cot. mill operative

(20) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Carrie Brazzel

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S. C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Domestic

(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 ..... at ..... A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

H A R ..... Reg'd 12/2/13 19 ..... Registrar

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

(27) Filed 10/27 19 23 (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

*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.