

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of Frock Hill

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

Registration District No. 44 B

File No. - For State Registrar Only

2743

Registered No. 121
(For use of Local Registrar)(2) Full Name of Child James H. Carroll Jr.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 2619 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

James H. Carroll

(9) PRESENT POSTOFFICE OF FATHER

Frock Hill S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Railway Fireman

MOTHER

(14) NAME BEFORE MARRIAGE

Viola Schaefer

(15) PRESENT POSTOFFICE OF MOTHER

Frock Hill S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Brooklyn, N.Y.

(19) OCCUPATION

Domestic

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

One

(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 Alive at 8:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State, whether Physician or Midwife

Miss Assey

(25) Address of Physician or Midwife

17 Frock Hill S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by a Local Registrar)

(27) Filed 1/9 19 22

(28)

*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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