

## (1) PLACE OF BIRTH

County of YorkTownship of CalhounInc. Town of Rock HillCity 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

Bethlehem

No. 1a.—For State Registrar Only

38067

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4404Registered No. 106  
(For use of Local Registrar)

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

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

(a) SEX OF CHILD <u>Girl</u>	(b) Type or Tumor To be covered only in event of Tumor or Tumor	(c) Number in order of birth	(d) Age at birth <u>Yes</u>	(e) DATE OF BIRTH <u>Oct 26, 23</u> (Name of Month) (Day) (Year)
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FATHER

(1) FULL NAME William Arthur Betcher

(2) PRESENT POSTOFFICE OF FATHER Rock Hill, S. C.

(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Year) 28

(4) BIRTHPLACE York C. S. C.

(5) OCCUPATION Carpenter

(6) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Sadie Estelle Brazier

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Year) 28

(18) BIRTHPLACE Concepcion B. S. C.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M., on the date above stated. (Hour M. or P. M.)(22) (Signature) Samuel Frechein(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Rock Hill S. C.

Given name added from a supplemental report

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

(26) Filed 11/28 23 (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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