

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York
Township of Chimney
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20524

Registration District No. 4404 Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child

Leona Frank

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/12/19
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ramon L. Frank
(9) PRESENT POSTOFFICE OF FATHER Rock Hill
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45
(Years)
(12) BIRTHPLACE Brunswick Co. N.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Idella Smith
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36
(Years)
(18) BIRTHPLACE Brunswick Co. N.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. Frank
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chimney

Given name added from a supplemental report

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

(27) Filed 7/7/19 (28) L. Frank 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.