

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, MAKE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		9497	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>44 B</u>		Registered No. <u>7250</u>	
or				(For use of Local Registrar)	
City of <u>Rock Hill</u> (No.) <u>York</u> 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 <u>Buddie</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 7 '22</u> (Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Albert Buddie</u>			(14) NAME BEFORE MARRIAGE <u>Viola Dogier</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Salesman</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>S.P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>C. H. D.</u>		(24) State whether Physician or Midwife			
(25) Address of Physician or Midwife <u>Rock Hill S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19		(27) Filed <u>4/6/22</u> 1922 (28) <u>J. H. D.</u> 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.					

Record of Columbia, Columbia, S. C.