

Form No. 1

(1) PLACE OF BIRTH

County of York

Township of

OR
Inc. Town ofor
City of Rock Hill

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

(2) Full Name of Child Theodore Franklin (No. 36 of St. Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Theodore Franklin(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Common Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Jones(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Common Day Laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... at ... M.
on the date above stated. (Born alive or stillborn) (How - A. M. or P. M.)(23) (Signature) Walter B. Potts(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by Dr.)(27) Filed 3/29/22(28) 19 22(29) Local Registrar J. Smith

*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.

MADE FOR BINDING.

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.

MCCAM OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9484

Registration District No. 44 B Registered No. 36
(For use of Local Registrar)