

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of York  
Township of Catawba  
or  
Inc. Town of Rock Hill  
or  
City of \_\_\_\_\_

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44-8 Registered No. 120  
(For use of Local Registrar)

FILE No.—For State Registrar Only  
**02400**

22 050122

3/25/41

2. FULL NAME OF CHILD William Harold Whisenant

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

3. Boy or Girl Boy If Plural no 4. Twin, triplet or other..... 6. Premature no 7. Are Parents yes 8. Date of birth Nov. 4, 19 22  
(Month, day, year)

9. Full name FATHER  
Erwin Whisenant

18. Name before marriage MOTHER  
Sophia Whisenant

10. Residence (mailing address)  
(If non-resident, give place and State) Rock Hill S.C.

19. Residence (mailing address)  
(If non-resident, give place and State) Rock Hill S.C.

11. Color or race White 12. Age at last birthday 36 (years)

20. Color or race White 21. Age at last birthday 37 (years)

13. Birthplace (city or place)  
(State or country) Rock Hill S.C.

22. Birthplace (city or place)  
(State or country) Rock Hill S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. No

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. No

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. No

16. Date (month and year last) engaged in this work To date, 19 41

25. Date (month and year) last engaged in this work To date, 19 41

27. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn none

28. If stillborn, no months none 29. Cause of stillbirth none Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at immediately M. on above date. Argemol  
(Name of Prophylactic)

Cleft Palate no Hare Lip no Other Deformities \_\_\_\_\_  
(Specify)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. G. Stevens, M. D.

or \_\_\_\_\_, Midwife

Address Rock Hill S.C.

Filed April 8, 19 41 Mrs. J. P. Miller  
Registrar.

April 8-1941