

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of .....

or Town of .....

or City of Rock Hill, S.C.

(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

54137

Registration District No. H41B Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Frank Carroll { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents married? No (7) DATE OF BIRTH Mar 9 1906

To be completed only in case of twins or triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME F. Vance Whitfield (14) NAME BEFORE MARRIAGE Ellis Carroll(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C. (15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE York, S.C. (18) BIRTHPLACE York(13) OCCUPATION Carpenter (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth { Two } (21) Number of children of this mother now living, including present birth { Two }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Rock Hill, S.C. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Blackman (24) State whether Physician or Midwife (25) Address of Physician or MidwifePhysician Rock Hill, S.C.

Given name added from a supplemental report

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

(27) Filed 3/29/1906 (28) J. B. Smith 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.

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.

City of Columbia.