

## (1) PLACE OF BIRTH

County of YorkTownship of Catawba

In Town of .....

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

20540

Registration District No. 4405 Registered No. 26

(For use of Local Registrar)

2) Full Name of Child Neely Finley If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Age Parents Married? <u>h</u>	(7) DATE OF BIRTH <u>Jul. 25, 22</u> (Type of Month) (Day) (Year)
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## FATHER.

1) FULL NAME W. T. Finley

2) PRESENT POSTOFFICE OF FATHER

3) COLOR OR RACE

4) BIRTHPLACE

5) OCCUPATION

6) AGE AT LAST BIRTHDAY (Years)

7) Number of children born to mother, including present birth

## MOTHER.

8) NAME BEFORE MARRIAGE Wanetta Finley

9) PRESENT POSTOFFICE OF MOTHER Rock Hill

10) COLOR OR RACE Colored

11) BIRTHPLACE York Co

12) OCCUPATION Domestic

13) AGE AT LAST BIRTHDAY (Years) 18

14) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

22) I hereby certify that I attended the birth of this child, who was born at 740 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) A. E. [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. Rock Hill

Given name added from a supplemental report

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

(27) Filed 7/10/22 (28) [Signature] 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.

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