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FILE No.—For State Registrar Only

00753

Standard Certificate of Birth
STATE OF SOUTH CAROLINA.Bureau of Vital Statistics
State Board of HealthRegistration District No. 44-8 Registered No. 57
(For use of Local Registrar)

1. PLACE OF BIRTH

County of York

Township of _____

or
Inc. Town of _____or
City of Rock Hill, S. C.(No. Green St. St.; _____ Ward)

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

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

2. FULL NAME OF CHILD Leon Bryan Craven3. Boy or ~~girl~~ ☒ If Plural ☐ births 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth Dec. 4, 1922
(Month, day, year)9. Full name Archie Bryan Craven
FATHER18. Name before marriage Edna Ferguson
MOTHER10. Residence (mailing address) Rock Hill, S. C.
(If non-resident, give place and State)19. Residence (mailing address) Rock Hill, S. C.
(If non-resident, give place and State)11. Color or race W 12. Age at last birthday 30 (years)20. Color or race W 21. Age at last birthday 28 (years)13. Birthplace (city or place) Rock Hill, S. C.
(State or country)22. Birthplace (city or place) Rock Hill, S. C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bakery24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 516. Date (month and year last engaged in this work) 12/4/22, 19____

25. Date (month and year) last engaged in this work _____, 19____

27. Number of children of this mother (At time of birth and including this child) 1 (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 12-4-22 at 11 P. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 11:15 on above date Argyrol
(Name of Prophylactic)Cleft Palate no Hare Lip no Other Deformities none
(Specify)

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

Given name added from a supplementary report _____ (Date of) _____

(Signed) W. E. Simpson, M. D.
or W. E. Simpson MD, MidwifeAddress Rock Hill, S. C.Filed 3/6, 19 42 Mrs. J. R. Miller
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
each, in order of birth, stated.

(See instructions on Back of Certificate)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of

7/1/43