

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Rock Hill

(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

5403

Registration District No. 4418 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Robert W. Hutchins Mess

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

(3) SEX OF CHILD 12 (4) Twin or Triplet X (5) Number in order of birth 1 (6) Age at birth 4/10 (7) DATE OF BIRTH Feb 5 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert W. Hutchins Mess(9) PRESENT POSTOFFICE OF FATHER Rock Hill S. C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Textile(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Annie Norman(16) PRESENT POSTOFFICE OF MOTHER "(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 20
(Year)(19) BIRTHPLACE S. C.(20) OCCUPATION Domestic(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 alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) L. H. Hay Jr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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

3/17 23

(28)

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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