

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Katawbe
 Inc. Town of
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
3807

Registration District No. 4404 Registered No. 101
 (For use of Local Registrar)

(2) Full Name of Child

Full Name of Child Joseph Hill If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy 4. Twin or Triplet No 5. Number in order of birth 1 6. Are Parents Married Yes 7. DATE OF BIRTH Nov. 5 23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
8. FULL NAME	<u>Chas Hill</u>	10. NAME BEFORE MARRIAGE	<u>Sallie Hill</u>
9. PRESENT POSTOFFICE OF FATHER	<u>Rock Hill SC.</u>	11. PRESENT POSTOFFICE OF MOTHER	<u>Rock Hill SC.</u>
10. COLOR OR RACE	<u>Negro</u>	12. AGE AT LAST BIRTHDAY	<u>35</u>
11. BIRTHPLACE	<u>SC.</u>	13. COLOR OR RACE	<u>Negro</u>
12. OCCUPATION	<u>Farm work</u>	14. BIRTHPLACE	<u>SC.</u>
13. Number of children born to mother, including present birth	<u>12</u>	15. OCCUPATION	<u>Farm work</u>
		16. Number of children of this mother now living, including present birth	<u>8</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. A. Whitfield (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11/15/23 (28) J. Hill 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.