

## (1) PLACE OF BIRTH

County of York

Township of .....

or  
Inc. Town of .....or  
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

20479

Registration District No. 4407 Registered No. 110

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child (Boy) Bailey

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

(3) BOY OR  
GIRL(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth 5(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Apr 16 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEJames H. Bailey(9) PRESENT  
POSTOFFICE  
OF FATHERRock Hill S.C.(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 28  
(Years)

(12) BIRTHPLACE

Lancaster Co. S.C.

(13) OCCUPATION

Transfer Driver(20) Number of children born to  
mother, including present birth15

## MOTHER.

(14) NAME BEFORE  
MARRIAGEAzile Bennett(15) PRESENT  
POSTOFFICE  
OF MOTHERRock Hill S.C.(16) COLOR  
OR  
RACE white(17) AGE AT LAST  
BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

Fort Mill S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

W. E. Simpson 11:30 A.M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
al report

(26) Witness

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

(27) Filed

7/10/22

(28)

Local Registrar.

19  
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.