

## (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

8856

Registration District No. 14 B Registered No. 43  
(For use of Local Registrar)(2) Full Name of Child Kermella Childress (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL G (4) Twin or Triplet No (5) Number in order of birth (2) (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 14 '23  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Ronald Childress(9) PRESENT POSTOFFICE OF FATHER Ebenezer Ave(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24  
(Year)(12) BIRTHPLACE Va.(13) OCCUPATION Restaurant(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Razzie Brown(15) PRESENT POSTOFFICE OF MOTHER "(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25  
(Year)(18) BIRTHPLACE N. C.(19) OCCUPATION Home(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:15 AM.,  
(Born alive or stillborn) (Hour M. or P. M.)  
on the date above stated.(23) (Signature) L. J. Hay

(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 10 (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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