

Form No 1.

(1) PLACE OF BIRTH

County of York
Township ofor
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.)

(2) Full Name of Child Josh McCorkle { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B.

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 25 1931
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter A. McCorkle(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie R. Gorden(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 B. at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Mc...

(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 1/10/1936 (28) J. R. Mc... 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.

MARGIN RESERVE FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

McCaw, of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

45005

448.

187

Registration District No. 448 Registered No. 187

(For use of Local Registrar)

(No. St. Ward)

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

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