

(1) PLACE OF BIRTH

County of York
Township of Cape Fear
or
Inc. Town of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

30610

Registration District No. 4404

Registered No. 50
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

a. SEX OR CHILD Boy (b) Twin or Triplet No (c) Number in order of birth 1 (d) Age Previous Marriage Yes (e) DATE OF BIRTH Sept. 2, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Judge W. A. Lee
9. PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
(Years)
12. BIRTHPLACE S.C.
13. OCCUPATION Farmer
14. Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lancy Jones
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. L. Hasty, Jr.
(24) State whether Physician or Midwife Physician (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) J. L. Hasty, Jr.
(27) Filed 10/2/22 (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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