

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill (No. (For use of Local Registrar))

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Ellen Torrance

File No.—For State Registrar Only

32712

Only

(3) SEX OR GIRL? Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 30 1922 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter T. Torrance(14) NAME BEFORE MARRIAGE Julia (Joline)(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 1 (Years)(12) BIRTHPLACE Rock Hill, S.C.(18) BIRTHPLACE Rock Hill, S.C.(13) OCCUPATION Mill(19) OCCUPATION Wife(20) Number of children born to mother, including present birth 1(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 born alive at Rock Hill, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Torrance(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

4. Given name added from a supplemental report

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

(27) Filed 10/11/22 191... (28) L. Torrance 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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FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

CIV. of Columbia