

WRITE 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.

(1) PLACE OF BIRTH
 County of York
 Township of
 or
 Inc. Town of
 or
 City of Rock Hill, S.C. (No. St.; Ward)
 (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
9488

Registration District No. 4403 Registered No. 480 L.D.
 (For use of Local Registrar)

(2) Full Name of Child Frank John William (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/12/22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME John A. Williams (14) NAME BEFORE MARRIAGE Virginia Canady
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill (15) PRESENT POSTOFFICE OF MOTHER Rock Hill
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years) (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE New York City (18) BIRTHPLACE York Co.
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 3 (21) 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 born at Rock Hill on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. Frank (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rock Hill
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/14/22 (28) J. R. Miller Local Registrar
 19 .. Registrar

Given name added from a supplemental report

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.