

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the M-CAN. of Columbia

(1) PLACE OF BIRTH
 County of York
 Township of Centerville
 or
 Inc. Town of
 or
 City of Rock Hill, S.C. (No. 57 Rock Hill, S.C. 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
54140

Registration District No. 44B Registered No. 47
 (For use of Local Registrar)

(2) Full Name of Child 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Such 2 6
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Clyde Farrell
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Rock Hill, S.C.
 (13) OCCUPATION Cotton Mill Work
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Chandler
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Rock Hill, S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Stiles
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled 1/7 1916 (28) J. R. Mues 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.

McC a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.