

(1) PLACE OF BIRTH

County of YorkTownship of Centervilleor
Inc. Town ofCity of Rock Hill, SC. (No. 57 Rock Hill, SC. 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

(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
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Clyde Farroll(9) PRESENT POSTOFFICE OF FATHER Rock Hill, SC.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Rock Hill, SC.(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, SC.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Rock Hill, SC.(19) OCCUPATION Housewife(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. L. Stiles

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Rock Hill, SC.

Given name added from a supplemental report

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Registrar

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

(27) Filled 9/7 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.

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N. H.—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 5.

M. Caw. of Columbia

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)