

(1) PLACE OF BIRTH  
County of York  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**54133**

Inc. Town of Rock Hill Registration District No. H4.B Registered No. 54  
City of Rock Hill (No. Dragon Mill 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 Mary L. Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Nov. 14 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Wm Dellis Brown  
(9) PRESENT POSTOFFICE OF FATHER Rock Hill  
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE N. C.  
(13) OCCUPATION Mill worker

**MOTHER.**

(14) NAME BEFORE MARRIAGE Jennie Gaskin  
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill  
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 2  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. S. Cawthorn  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 4/8/1916 (28) J. R. Miller 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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W. McCaw, of Columbia. 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.