

## (1) PLACE OF BIRTH

County of York

Township of .....

or

Inc. Town of .....

or

City of Rock Hill

(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

6093

Registration District No. 44 B Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child (Born) Male

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth 3rd

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. B. Rose

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

Rock Hill S.C.

(13) OCCUPATION

Salesman

(20) Number of children born to mother, including present birth

123

## MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Belle

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25 (Years)

(18) BIRTHPLACE

Rock Hill S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

123

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was.....at 1:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. B. Anderson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/14/

19

22

(28)

J. M. Lee

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.