

## PLACE OF BIRTH

City of York

Township of .....

Town of .....

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

16244

Registration District No. 44B Registered No. 96  
(For use of Local Registrar)Full Name of Child Ola May Camp If child is not yet named, make supplemental report as directed

POY. SE. GALT	(4) Twin or triplet? <u>  </u>	(5) Number in order of birth <u>  </u>	(6) Are Parents Married? <u>  </u>	(7) DATE OF BIRTH <u>May 7</u> (Name of Month) (Day) (Year)
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## FATHER.

Full Name Willie Clarkson CampPresent Postoffice of Father Rock Hill, S.C.Color or Race    (11) AGE AT LAST BIRTHDAY 22 (Years)Birthplace   Occupation   Number of children born to mother including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Police Mares Hall(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE    (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE   (19) OCCUPATION   (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

In name added from a supplemental report

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

(27) Filed 6/11 19123 (28)    Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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