

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD.
 R. R.—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 2

DEPARTMENT OF COMMERCE, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of York
 Township of
 Inc. 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

26628

Registration District No. 44 B Registered No. 180
 (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 X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 4 23
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thos Henry Denny
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Laurens Co. S. C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Betty Bunsen
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE Yorlan Co. N. C.
 (19) OCCUPATION house
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. A. Ryle 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 22 is signed by mark)

(27) Filed Nov 11 1923 (28) L. A. Ryle M.D. 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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