

(3) PLACE OF BIRTH

County of York

Township of .....

or  
Inc. Town of .....or  
City of Catawba S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ross

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

No. 5524Registration District No. 4494 Registered No. 16  
(For use of Local Registrar)

(1) SEX OR Male (2) TWIN or TRIPLET No (3) NUMBER IN ORDER OF BIRTH 1 (4) ARE PARENTS MARRIED Yes (5) DATE OF BIRTH Feb 23 1923  
(Month of Month) (Day) (Year)

FATHER: (6) FULL NAME Kenny Chisholm (14) NAME BEFORE MARRIAGE Susan Rollins  
(7) PRESENT POSTOFFICE OF FATHER Catawba S.C. (15) PRESENT POSTOFFICE OF MOTHER Catawba  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 1 M., on the date above stated. (Here also fill in (Hour A. M. or P. M.))(23) (Signature) W. Regan McCall (24) Address of Physician or Midwife Catawba S.C.

Given name added from a supplemental report

(25) Witness J. Farmer (Signature of Witness necessary only when question 22 is signed by mark)(26) Filed 3/12/23 (27) Local Registrar J. Farmer

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.