

Form No. 1

(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

24293

Registration District No. 44.15 Registered No. 126
(For use of Local Registrar)

(2) Full Name of Child

Mr. Green Carter

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

3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr. Green Carter

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

5
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Cotton mill worker

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ira Poyers

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Cotton mill worker

(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)

(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

6/3719 22

(28)

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.