

PLACE OF BIRTH

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

5498

County of York

Township of .....

City of Rock Hill, S.C.

Registration District No. 14113

Registered No. 7  
 (For use of Local Registrar)

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

(1) Full Name of Child Ruth

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

(2) SEX OR GENDER Girl (3) Type or Trade None (4) Number in order of birth 1 (5) Age Parents Married Yes (6) DATE OF BIRTH Feb 16 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (7) FULL NAME Josiah W. Leford  
 (8) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.  
 (9) COLOR OR RACE W. (10) AGE AT LAST BIRTHDAY 35  
 (Year) (11) BIRTHPLACE Tenn.  
 (12) OCCUPATION Electrician  
 (13) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ruth (Hinson)  
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.  
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25  
 (Year) (18) BIRTHPLACE Charlotte, N.C.  
 (19) OCCUPATION Housewife.  
 (20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was Alive at 1:00 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. R. B. B. B.  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report  
 .....

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)  
3/57 (26) 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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