

(1) PLACE OF BIRTH

County of YorkTownship of Cherryor
Inc. Town of
or

City of (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

50803

Registration District No. 4445Registered No. 19
(For use of Local Registrar)(2) Full Name of Child Ethel Violet Bartha

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 26 1926
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Bartha

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill R.T.D. SC

(10) COLOR OR RACE

Hungarian

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Gyomai, Hungary, Europe

(13) OCCUPATION

Gardener

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Fabian

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill, SC. R.T.D.

(16) COLOR OR RACE

Hungarian

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Salank, Hungary, Europe

(19) OCCUPATION

Household Gardening

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

3

(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 8:30 P. at 8:30 P. M., on the date above stated. (Born alive or dead) (Hour A. M. or P. M.)

(23) (Signature)

J. R. Miel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/27/26

(28)

J. R. Miel

Local Registrar

MARGIN RESERVE FOR PRINTING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M. H.—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 5.
McGraw, of Columbia.

*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.