

(1) PLACE OF BIRTH

County of FranklinTownship of Windsoror
Inc. Town ofor
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

25791

Registration District No. 17ARegistered No. 42
(For use of Local Registrar)

(2) Full Name of Child

Anna Ropey

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

(3) BOY OR GIRL
Girl(4) Twin or Triplet?
No(5) Number in order of birth
1(6) Are Parents Married?
Yes

(7) DATE OF BIRTH

Nov 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Anna Ropey

(9) PRESENT POSTOFFICE OF FATHER

Windsor

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Windsor

(13) OCCUPATION

Lab

MOTHER

(14) NAME BEFORE MARRIAGE

May - Marshall

(15) PRESENT POSTOFFICE OF MOTHER

Windsor

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Windsor

(19) OCCUPATION

Dom

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

15

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 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

Aug 211927

(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.

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