

(1) PLACE OF BIRTH

County of Wilkes
 Township of Ashe
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

9432

Registration District No. 4301 Registered No. 30
 (For use of Local Registrar)

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

(2) Full Name of Child James Rollins

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 (6) Age of Person (Months) 40 (7) DATE OF BIRTH Mar 17, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Melvin Rollins
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Lucilla McDonald
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 10
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Woods

(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 Mar 21 1922(28) J. A. Alcock 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 reports desired of stillbirths before the fifth month of pregnancy.