FORM NO. a

(1) PLACE OF BIRTH

County of Jasper

Township of Root

or

Inc. Town of

or

City of

If birth occurs in a hospital or other institution, give name of hospital or institution and mark the

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

Registration District No.

(2) Full Name of Child Rosalie Joann

(3) Sex

(4) Twin or Triplet?

(5) Number in order of birth

(6) Date of birth

FATHER

(7) Full Name

(8) Residence

(9) Color or race

(10) Age at last birthday

(11) Birthplace

(12) Occupation

MOTHER

(13) Full Name

(14) Maiden name

(15) Residence

(16) Color or race

(17) Age at last birthday

(18) Birthplace

(19) Occupation

(20) Number of children born to this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born

(22) Signature

(23) Address

(24) Date

(25) Signature

(26) Address

(27) Date