

(1) PLACE OF BIRTH

County of NewberryTownship of #1City of HelenaCity of Helena

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31438

Registration District No. 1408 Registered No. 67

(For use of Local Registrar)

Full Name of Child Rosalee Whappell If child is not yet named, make supplemental report as directed(2) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1(6) Are Parents Married? No(7) DATE OF BIRTH Sept 11 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Toland(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Newberry Co S.C.(13) OCCUPATION car over

MOTHER

(14) NAME BEFORE MARRIAGE Blanca Whappell(15) PRESENT POSTOFFICE OF MOTHER Helena S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Newberry Co S.C.(19) OCCUPATION Laundry(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 11 A.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Octavia Huntz(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Helena S.C.

When name added from a supplemental report

(26) Witness B.S. Cunningham

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

(27) Filed Oct 7 1922 (28) B.S. Cunningham 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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