

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Leif. Co.

STATE OF SOUTH CAROLINA.

46851

Bureau of Vital Statistics
State Board of Health

Township of Belkitt Hollow

or

Registration District No. 3107

Registered No. 3
(For use of Local Registrar)

Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter (Rowe)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?
To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH Jan. 6, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Not given

(14) NAME BEFORE MARRIAGE Vesta Rowe

(9) PRESENT POSTOFFICE OF FATHER Not given

(15) PRESENT POSTOFFICE OF MOTHER Lewisville S. C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY X (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE X

(18) BIRTHPLACE Leif. Co.

(13) OCCUPATION X

(19) OCCUPATION Cook

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

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Anderson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

June 19, 1916
W. J. Miller
Super Registrar

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

(27) Filed Jan 11, 1916 (28) W. J. Miller 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.

N. B.—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.

FORM NO. 10. MARCH 1915. REVISED OCTOBER 1916. STATE BOARD OF HEALTH, COLUMBIA, S. C.

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