

(1) PLACE OF BIRTH
 County of York
 Township of Shenandoah
 or
 Inc. Town of _____
 City of _____

(2) PLACE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
2758

Registration District No. 4404 Registered No. 2
 (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 Farin Rodman
 child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twins or Triplets No (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 19 22
 (Specify Month) (Day) (Year)

FATHER: (8) FULL NAME David Rodman (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Year)

MOTHER: (14) NAME BEFORE MARRIAGE Eula Rodman (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Year)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Laborer (19) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or Stillborn) (Sex, M. or P.M.)
 (23) (Signature) John T. Coleman
 (24) State whether Physician or Midwife 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 mother)
 (27) Date Jan 22 22 (28) John T. Coleman 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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