

Form No. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

54340

(1) PLACE OF BIRTH

County of Linken

Township of Sleepy Hollow

Inc. Town of

City of

Registration District No. 218

Registered No. 27

(For use of Local Registrar)

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

Roseetta Walters

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 4

(6) Are Parents Married? Yes

(7) DATE

BIRTH March 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Nathaniel Walters

(9) PRESENT POSTOFFICE OF FATHER

Jackson

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Ac

(13) OCCUPATION

Labor

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

41

MOTHER.

(14) NAME BEFORE MARRIAGE

Kate Dapp

(15) PRESENT POSTOFFICE OF MOTHER

Jackson

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

Ac

(19) OCCUPATION

Labor

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

41

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Francis W. Walters

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Jackson

Given name added from a supplemental report

(26) Witness

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

(27) Filed

418

191

(28)

W. D. Eibandt

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER No. 2, etc., in question 5.

McCaw of Columbia.