

(1) PLACE OF BIRTH

County of ChesterTownship of Rossville

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1008

No. for State Registrar Only

13421

Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 21, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bob Broom(9) PRESENT POSTOFFICE OF FATHER Great Falls(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(Year)(12) BIRTHPLACE Fairfield S.C.(13) OCCUPATION Cotton mill work(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Ruth Lathan(16) PRESENT POSTOFFICE OF MOTHER Great Falls(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 23
(Year)(19) BIRTHPLACE Fairfield Co. S.C.(20) OCCUPATION Domestic(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 born alive at 8 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Great Falls

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 3/2/23 by R. [Signature] 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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