

Form No. 1

(1) PLACE OF BIRTH

County of SummitTownship of Maryesvilleor
Inc. Town ofor
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 Bertha Rose

File No.—For State Registrar Only

13001

Registration District No. 4102Registered No. 2
(For use of Local Registrar)

(3) DOB <u>Jan 5</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 5</u> (Time of Month) (Day) (Year)
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FATHER

(8) FULL NAME Henry Rose

(9) PRESENT POSTOFFICE OF FATHER Maryesville, SC

(10) COLOR OR RACE col

(11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Carrin Johnson

(15) PRESENT POSTOFFICE OF MOTHER Maryesville SC

(16) COLOR OR RACE col

(17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Galler White(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Maryesville SC

Given name added from a supplemental report

(26) Witnesses

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

(27) File Jan 10 1922(28) W. Cooper
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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

S. 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 3.

REGISTRY OF CHILDREN, GEORGETOWN, S. C.