

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Rowman  
 Inc. Town of Rowman  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 37072  
 (For use of Local Registrar)

Registration District No. 7

Registered No. ....  
 (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 Orville Bailey

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

(3) SEX OF CHILD Male (4) Type of Birth (5) Number of Birth (6) Age of Child (7) DATE OF BIRTH Oct 16 1923  
 (8) PLACE OF BIRTH Rowman

FATHER  
 (9) NAME George R. Bailey  
 (10) PRESENT RESIDENCE OF FATHER Rowman  
 (11) COLOR White (12) AGE AT LAST BIRTHDAY 32  
 (13) BIRTHPLACE S.C.  
 (14) OCCUPATION Merchant  
 (15) Number of children born to mother, including present birth 2

MOTHER  
 (16) NAME BEFORE MARRIAGE Jessie Beatrice Rast  
 (17) PRESENT RESIDENCE OF MOTHER Rowman  
 (18) COLOR White (19) AGE AT LAST BIRTHDAY 35  
 (20) BIRTHPLACE S.C.  
 (21) OCCUPATION Housewife  
 (22) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Orville on the date above stated.  
 (Born alive or stillborn) (Sex M. or F. M.)

(24) (Signature) W. M. Case  
 (25) State whether Physician or Midwife (26) Address of Physician or Midwife Rowman

Given name added from a supplemental report

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

(28) Filed (29) 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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