

(1) PLACE OF BIRTH

County of St. MarkTownship of St. Markor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1310

No. for State Registrar Only

31740

Registered No. 73

(For use of Local Registrar)

(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 Rozzie (Lela) B. B. B.

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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) July 15 23

FATHER.

(8) FULL NAME James L. B. B.(9) PRESENT POSTOFFICE OF FATHER St. Mark(10) COLOR OR RACE black(11) AGE AT LAST BIRTHDAY 26

(Year)

(12) BIRTHPLACE St. Mark(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE James L. B. B.(15) PRESENT POSTOFFICE OF MOTHER St. Mark(16) COLOR OR RACE black(17) AGE AT LAST BIRTHDAY 23

(Year)

(18) BIRTHPLACE St. Mark(19) OCCUPATION Teacher(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 30 1923

(28)

Local Registrar.

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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.