

## (1) PLACE OF BIRTH

County of Allendale  
 Township of Wilson  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
38360

Registration District No. 4605

Registered No. 43  
 (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 Rosalie Hagood

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

(3) BOY OR GIRL Girl (4) Title of Triplet One (5) Number in order of birth 3rd (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 16 Fri 23  
 To be answered only in event of Triplet or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lynn Hagood  
 (9) PRESENT POSTOFFICE OF FATHER Lurray SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Year)  
 (12) BIRTHPLACE Hampton County  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 3rd

## MOTHER.

(14) NAME BEFORE MARRIAGE Kathleen Chrisobor  
 (15) PRESENT POSTOFFICE OF MOTHER Lurray SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 2 (Year)  
 (18) BIRTHPLACE Hampton County  
 (19) OCCUPATION Home wife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter H. Linn

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lurray SC RFD 1

Given name added from a supplemental report

(26) Witness Verdie H. Linn  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 17 1923 (28) J. H. Linn 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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FIRST-BORN. No. 1 THE OTHER. No. 2, etc. In question 2

Mother's Column. Columns 8 & 9

Birth