

(1) PLACE OF BIRTH

County of Chesterfield
Township of Court House

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14313

Inc. Town of Registration District No. 1202 Registered No. 54
(For use of Local Registrar)
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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH May, 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Rollens(9) PRESENT POSTOFFICE OF FATHER Bennettsville(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION working bar county(20) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Paraway m Long(15) PRESENT POSTOFFICE OF MOTHER Chesterfield(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Chesterfield(19) OCCUPATION farm hand(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 o'clock P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mary Mc Neal

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid wife Chesterfield

Given name added from a supplemental report

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

(27) Filed May 14 1922 (28) M. S. Meaton 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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