

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

(or)

Inc. Town of

(or)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4085

Registration District No. 220

Registered No. 2
(For use of Local Registrar)

No. 1 Ward

(2) Full Name of Child

Willie May Roseman

child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Girl

(4) Twin or Triplet

No

(5) Number in order of birth

1

To be answered only in event of Twin or Triplet

6) Are Parents Married?

Yes

7) DATE OF BIRTH

Feb 4, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Jim Roseman

9) PRESENT POSTOFFICE OF FATHER

Marionville R # 7

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

81

(12) BIRTHPLACE

Tanner

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Marionville R # 7

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Tanner

(19) OCCUPATION

Farmer

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

1

(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 on the date above stated.

Born alive or stillborn

Hour M of P. M.

(23) (Signature)

Bettye Sherman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

19

(28) 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.