

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of Charlottesville

Bureau of Vital Statistics

Township of .....

State Board of Health

Inc. Town of .....

Registration District No. 15-ARegistered No. .... 5 .....

(For use of Local Registrar)

City of Charlottesville (No. ....)

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

(2) Full Name of Child. Brecha Ross

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

(4) BOY OR GIRL

(4) Twin or Triplet? -

(5) Number in order of birth -

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 9 22

Girl

Is he numbered only in case of Twins or Triplets?

Parental Marriage?

Name of Month (Day) Year

## FATHER.

## MOTHER

(8) FULL NAME

J. O. Ross

(9) NAME BEFORE MARRIAGE

Steele Peterkin

(9) PRESENT POSTOFFICE OF FATHER

Charlottesville S.C.

(10) PRESENT POSTOFFICE OF MOTHER

Charlottesville S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

31

(12) COLOR OR RACE

Col.

(13) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Marbleton S.C.

(14) BIRTHPLACE

Marbleton S.C.

(13) OCCUPATION

Retiree -

(15) OCCUPATION

at home

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

8

(17) Number of children of this mother new living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Wm. H. ...

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

Wm. H. ... Charlottesville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 1, 1922

(28)

Registrar

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.

FORM NO. 7. MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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