

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Blount Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35191

Registration District No. 2856 Registered No. 155-
 (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 girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 16 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Roseae Hilliard
 (9) PRESENT POSTOFFICE OF FATHER Heath Springs S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
 (Year)
 (12) BIRTHPLACE Kershaw S.C.
 (13) OCCUPATION Book keeper
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Brite motley
 (15) PRESENT POSTOFFICE OF MOTHER Heath Springs S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
 (Year)
 (18) BIRTHPLACE Lancaster S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. A. Rutledge M.D.
 (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 23 is signed by mark)

(27) Filed Oct 22 (28) E. J. Howard 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.

MADE BY REMOVED FOR BIRTH.

WRITS PLAINLY. WITH UNFAMOUS IN-... IN A FURNACE...
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. IN CASE OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5

MADE BY REMOVED FOR BIRTH. S. C.