

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE ENTRY FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Record of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of York
Township of Catawba
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

2765

Registration District No. 4405 Registered No.

(For use of Local Registrar)

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Rostons

(9) PRESENT POSTOFFICE OF FATHER Royeskee

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia Rostons

(15) PRESENT POSTOFFICE OF MOTHER Royeskee S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 4 A. M., on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) Anna Porter

(24) State whether Physician or Midwife 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 father)

(27) Filed 1/27 1922 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.