

(1) PLACE OF BIRTH,

County of Westerly

Township of Centerville

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.)

(2) Full Name of Child Florida Rothrock

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

(3) SEX OF CHILD <u>X</u> Girl	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 9 1928</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>James Marvin Rothrock</u>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Centerville S.C.</u>	(12) BIRTHPLACE <u>Alexander Co. S.C.</u>	(13) OCCUPATION <u>Farmer</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Meriam Elizabeth Wiley</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Centerville S.C.</u>	(18) BIRTHPLACE <u>Alexander Co. S.C.</u>	(19) OCCUPATION <u>Homemaker</u>
(21) Number of children of this mother now living, including present birth <u>14</u>		

(20) Number of children born to mother, including present birth
14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6:20 A. M. or P. M. on the date above stated.

(23) (Signature) Wade Thompson
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Alexander Co. S.C.

Given name added from a supplemental report

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

(27) Filed May 22 1928 (28) Y 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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