

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4008 Registered No. 158  
(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 Margaret Cula Rollins If child is not yet named, make supplemental report as directed3 BOY OR  
GIRL Girl4 Twin  
or Triplet5 Number in  
order of birth 1(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH June 5 23  
(No. of Month) (Day) (Year)

## FATHER

6 FULL  
NAMECharles V. Rollins8 PRESENT  
POSTOFFICE  
OF FATHERArcadia9 COLOR  
OR  
RACEwhite(11) AGE AT LAST  
BIRTHDAY 21  
(Years)

10 BIRTHPLACE

U.S.A.

13 OCCUPATION

Carpenter12 Number of children born to  
mother, including present birthOne

## MOTHER

(14) NAME BEFORE  
MARRIAGEMinnie Easter(15) PRESENT  
POSTOFFICE  
OF MOTHERArcadia(16) COLOR  
OR  
RACEwhite(17) AGE AT LAST  
BIRTHDAY 20  
(Years)

(18) BIRTHPLACE

U.S.A.

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birthOne

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P.M.  
on the date above stated. (Born alive or stillborn: (Hour) (M. or P. M.))

(23) (Signature)

D. F. Hightower M.D.

(24) State whether Physician or Midwife

PhysicianGive name Thomas P. Lesesne from a supplement-  
tal report

(25) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)Thomas P. Lesesne7/9/45 19 .....

Registrar

(27) Filed June 8 19 45Mr. C. F. Barker  
Local RegistrarWhen 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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