

MARGIN RESERVED FOR BINDING.

WRITE 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.

McClellan, of Columbia.

(1) PLACE OF BIRTH		ITH NA.		File No.—For State Registrar Only	
County of <u>Cathart</u>		State <u>South Carolina</u> Health		63287	
Township of .....		Registration District No. <u>8A</u>		Registered No. <u>32</u>	
Inc. Town of <u>H. Matthews</u>		City of .....		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. ....		Ward .....	
(2) Full Name of Child <u>Rosa Sims</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 16</u> 191 <u>6</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Sin Brown</u>			(14) NAME BEFORE MARRIAGE <u>Emma Sims</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Crawfordsburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>H. Matthews SC</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Common laborer</u>			(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6</u> <u>A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Columbia X Mintz</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>H. Matthews</u>					
Given name added from a supplemental report					
....., 191.....					
Registrar					
(26) Witness <u>W. R. Rabe</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>June 11</u> 191 <u>6</u> (28) <u>W. R. Rabe</u> 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.