

WRITE PLAINLY. WITH CAPSULES INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of Oneida

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No. 8078

Registration District No. 1A.6 Registered No. 1A

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Type of birth <u>1</u> To be answered only in case of Twin or Triplets	(5) Number in order of birth <u>1</u>	(6) Age of mother <u>20</u>	(7) DATE OF BIRTH <u>May 7 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Rodger Volubine</u>			(10) NAME BEFORE MARRIAGE <u>Lillie Goshy</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Oneida</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Oneida</u>	
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>18</u> (Year)	
(16) BIRTHPLACE <u>Abbeville S</u>			(17) BIRTHPLACE <u>Abbeville S</u>	
(18) OCCUPATION <u>Labourer</u>			(19) OCCUPATION <u>Labourer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 22 is signed by mark)

(27) Filed May 7 1923 (28) J. H. Smith 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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