

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 8.

McCaw of Columbia

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town of Cherokeeor
City of Cherokee

(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.—For State Registrar Only

45558

Registration District No. 9ARegistered No. 73

(For use of Local Registrar)

(No. 1) St. AndrewSt. 1 Ward

(2) Full Name of Child

Infant of Mrs. H. K. Rooster

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. Louis Rooster

(9) PRESENT POSTOFFICE OF FATHER

Myrtle St.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE

Germany

(13) OCCUPATION

Merchant

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

6

(14) NAME BEFORE MARRIAGE

Annie Schmidt

(15) PRESENT POSTOFFICE OF MOTHER

Myrtle St.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE

Cherokee

(19) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 a. M., on the date above stated. (Born alive or stillborn) (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 23 is signed by mark)

(27) Filed

1/25/6

(28)

Mercer Green, M.D.

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.