

(1) PLACE OF BIRTH

COUNTY OF Darlington
 Township of Hartsville, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18322

Inc. Town of Registration District No. 502 Registered No. 5-9
 (For use of Local Registrar)

City of (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 Rosa Ings { If child is not yet named, make supplemental report as directed

(3) Sex Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May, 1, 1922
 To be answered only in event of twins or triplets. *Name of Month (Day) (Year)

FATHER.

1) NAME Beckley Ings
 2) PRESENT POSTOFFICE OF FATHER Hartsville, S.C.
 3) COLOR Negro (11) AGE AT LAST BIRTHDAY 37
 RACE (Years)
 4) BIRTHPLACE Darlington County, S.C.
 5) OCCUPATION Laborer at Paper Mill
 Number of children born to father, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie M. Dale
 (15) PRESENT POSTOFFICE OF MOTHER Hartsville, S.C.
 (16) COLOR Negro (17) AGE AT LAST BIRTHDAY 26
 RACE (Years)
 (18) BIRTHPLACE Darlington County, S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 9 A.M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

..... 191....

Registrar

(26) Witness

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

(27) Filed

June 10, 1922

(28)

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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