CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
91790

(1) PLACE OF BIRTH
County of Spartanburg
Township of Beech Springs
or
Inc. Town of .....
or
City of ..... (No. Jehu ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4008 Registered No. 97
(For use of Local Reistrar)

(2) Full Name of Child Herbert Jenne Rookeard { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Dec. 13 1916
(Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Herbert Rookeard	(14) NAME BEFORE MARRIAGE Pearl Mitchel
(9) PRESENT POSTOFFICE OF FATHER Wellford R 1	(15) PRESENT POSTOFFICE OF MOTHER Wellford R 1
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 16 (Years)
(12) BIRTHPLACE Spartanburg Co S C	(18) BIRTHPLACE Spartanburg Co S C
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth { one	(21) Number of children of this mother now living, including present birth { one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1030 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane Rookeard

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wellford R 1

Given name added from a supplemental report 7/14/43 191....
L. A. Rizer M.D.
Registrar

(26) Witness J. O. Dawson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 30 1916 (28) S. Broome
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return, a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FORM 10 6
WRITE PLAINLY, WITH FADING 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 6.
McCaw, of Columbia.