

Form No. 1.

(1) PLACE OF BIRTH

County of Florence

Township of Jeffrey

or
Inc. Town of

or
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.—For State Registrar Only

55829

Registration District No. 2007

Registered No. 146

(For use of Local Registrar)

(2) Full Name of Child Rosena Gurley

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilson Gurley

(9) PRESENT POSTOFFICE OF FATHER Mars Bluff, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Sanders

(15) PRESENT POSTOFFICE OF MOTHER Mars Bluff, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Florence Co.

(19) OCCUPATION Field Hand

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martah E. Exline

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Florence S. B. R. I.

Given name added from a supplemental report

(26) Witness Mrs. J. P. Gregg (Signature of witness necessary only when question 25 is signed by mark)

(27) Filed May 3 1916 (28) Mrs. J. P. Gregg 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 stillbirth before the fifth month of pregnancy.

(Deputy)

WRITER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. M.—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.
McClaw, of Columbia.