

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

71773

Registrar Only

Child of *Chas St*

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

Age of *11 d*

Age of *11 d*

City of *Charleston*

Registration District No. *9A*

Registered No. *907*

(For use of Local Registrar)

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

Full Name of Child *Aaron W. Rozier* (If child is not yet named, make supplemental report as directed.)

FOR (1) Twin or Triplet? *Yes*  
To be answered only in event of Twins or Triplets

(5) Number in order of birth?

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Sept 5 1916*  
(Name of Month) (Day) (Year)

*31* 1916  
(Day) (Year)

FATHER *Thomas A. Rozier*

MOTHER *William Crosby*

PRESENT OFFICE # FATHER *Charleston SC*

(14) NAME BEFORE MARRIAGE *William Crosby*

(15) PRESENT POSTOFFICE OF MOTHER *Chas St*

(11) AGE AT LAST BIRTHDAY *24*  
(Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20*  
(Years)

BIRTHPLACE *Waynesville Ga*

(18) BIRTHPLACE *Waynesville Ga*

OCCUPATION *Carpenter*

(19) OCCUPATION *Domestic*

Number of children born to mother, including present birth *1*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born* at *Chas St* at *10 A.M.* on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) *J. H. ...*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Chas St*

Name added from a supplemental report

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

(27) Filed *9/5* 1916 (28) *J. H. ...* Local Registrar

Registrar

Local Registrar

his return. If before the

Where 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.

\*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.