

Form No. 1.

(1) PLACE OF BIRTH

County of Spartanburg S.C.
Township of Beets Springs

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
70345

Inc. Town of Registration, District No. 40-D Registered No. 123
(For use of Local Registrar)
City of No in Country (No. At home in Country 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... Pearl Virginia Adair } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME L. R. Rookard
(9) PRESENT POSTOFFICE OF FATHER Windsor S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Woodruff S.C.
(13) OCCUPATION farming
(20) Number of children born to mother, including present birth { 10 }

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl A. Bass
(15) PRESENT POSTOFFICE OF MOTHER Wellsford S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Gowmsville
(19) OCCUPATION hanning
(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 alive 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie L. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wellsford S.C.

Given name added from a supplemental report

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

(27) Filed July 15 1916 (28) E. C. Capers 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.

MARGIN RESERVED FOR FINDING. 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 5. McCaw, of Columbia.