

(1) PLACE OF BIRTH

County of RockTownship of RockOR
Inc. Town of.....OR
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19124

Registration District No. 2702 Registered No. 27
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7, 1912
(Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick(9) PRESENT POSTOFFICE OF FATHER Hicksville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 57
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Truesdel(15) PRESENT POSTOFFICE OF MOTHER Hicksville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Katie Thomas(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hicksville S.C.

(26) Given name added from a supplemental report

(27) Witness J. E. Carter

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

(29) Local Registrar J. H. Burfield

(30) Local Registrar

If there is no attending physician or midwife, the household, etc., should make the return, and the birth should be reported as such. No report is required if the child is born dead or stillborn.