

USE THIS END OF FORM OR TRANSFER TO A SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
 County of Richland
 Township of Lower
 Inc. Town of
 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

No. 3803 — For State Registrar Only
37475

Registration District No. 3803 Registered No. 281
 (For use of Local Registrar)

(2) Full Name of Child Roseana Louise McRae
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 23 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph McRae</u>			(14) NAME BEFORE MARRIAGE <u>Maribon L. L. L.</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Hopkins S. C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Hopkins S. C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Teaching</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.) 5:00

(23) (Signature) Maribon L. L. L.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hopkins S. C.

Given name added from a supplemental report

(26) Witness Mrs. J. M. Johnson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/10/23 (28) Mrs. J. M. Johnson
 Registrar 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.