

1. PLACE OF BIRTH

County of Williamsburg  
Township of Penn

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
44980

Inc. Town of ..... Registration District No. 4308 Registered No. 116  
(For use of Local Registrar)  
City of ..... (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. Rosserell F. Pendergrass If child is not yet named, make supplemental report as directed

3. SEX OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 27th 1915  
To be answered only in event of Twins or Triplets Name of Month (Day) (Year)

FATHER.  
4. FULL NAME P. W. Pendergrass  
5. PRESENT POSTOFFICE OF FATHER Lane, S. C.  
6. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)  
7. BIRTHPLACE Williamsburg Co. S. C.  
8. OCCUPATION Farmer Laborer  
9. Number of children born to mother, including present birth 9

MOTHER.  
10. NAME BEFORE MARRIAGE Annelle Williams  
11. PRESENT POSTOFFICE OF MOTHER Sellers Delott  
12. COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 34 (Years)  
14. BIRTHPLACE Williamsburg Co. S. C.  
15. OCCUPATION Farmer Laborer  
16. 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 alive at 5 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Daisy Tisdale (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S. C.

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Albert R. Mosley  
(27) Filed Jan 5 1916 (28) 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.

Form No. 10.  
MAY BE REPRODUCED FOR PERSONAL USE ONLY.  
WHEN PLAINLY, WITH CARE AND INK, THIS IS A LEGAL COPY.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD.  
FIRST-BORN, NO. 1 THE OTHER NO. 2, ETC.

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.