

FORM NO. 1.

## (1) PLACE OF BIRTH

County of HampsonTownship of Salisbury

or

Inc. Town of Scotia, S.C.

or

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

File No.—For State Registrar Only

43199

Registration District No. 2401 Registered No. 73

(For use of Local Registrar)

(2) Full Name of Child Rosa Lee Steed

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? No(7) DATE OF BIRTH Dec 18, 1925  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Pickenbacker(9) PRESENT POSTOFFICE OF FATHER Scotia, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Bamberg, S.C.(13) OCCUPATION Chamber & Printer(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Steed(15) PRESENT POSTOFFICE OF MOTHER Scotia, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Ida(19) OCCUPATION At Home(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 ..... A.M.,  
on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Clarence Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Scotia, S.C.

Given name added from a supplemental report

(26) Witness George Salomons  
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed 12/28, 1925 (28) W. P. Lee 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 BINDING. 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