

Form No. 1

(1) PLACE OF BIRTH

County of

Richland

Township of

Center

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Virgie Roseborough

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

Sept 24, 1922

FATHER.

(8) FULL NAME

Moses Roseborough

(9) PRESENT POSTOFFICE OF FATHER

Blaney S.C. #3

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Fairfield S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Williams

(15) PRESENT POSTOFFICE OF MOTHER

Blaney S.C. #3

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Fairfield S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive 10 at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Hancey Baustie

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Blaney S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 30, 1922

(28)

Willie Farmer

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. 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.

MCCORMICK & CO., COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36281

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Registration District No 3801

Registered No. 3541 (For use of Local Registrar)