Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74066

(1) PLACE OF BIRTH

County of Oconee

Township of .....

or

Inc. Town of Walhalla Registration District No. 3.8.C. Registered No. 31 (For use of Local Registrar)

or

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** Henry Cola Rowland If child is not yet named, make supplemental report as directed

(3) Sex	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy				Aug. 19, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Waddie Rowland	(14) NAME BEFORE MARRIAGE Myrtina Boston
(9) PRESENT POSTOFFICE OF FATHER Walhalla S.C.	(15) PRESENT POSTOFFICE OF MOTHER Walhalla S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Oconee Co. S.C.	(18) BIRTHPLACE Hart Co. Ga.
(13) OCCUPATION Cotton Mill	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 7	(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 Alive (Born alive or stillborn) at 1 (Hour A. M. or P. M.) P. M., on the date above stated.

(23) (Signature) J. F. Collins M. D.

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

(27) Filed Sept. 1, 1916. (28) R. C. McCaw
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.