

FORM NO. 6

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Fairfield  
Township of #114  
or  
Inc. Town of Wilmington  
or  
City of .....

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

File No.—For State Registrar Only  
**72645**

Registration District No. 1913 Registered No. 25  
(For use of Local Registrar)

(2) Full Name of Child... Harold Roseboro If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10<sup>th</sup> August 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME George Roseboro  
(9) PRESENT POSTOFFICE OF FATHER Wilmington S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37  
(Years)  
(12) BIRTHPLACE Fairfield Co  
(13) OCCUPATION Field Hand  
(20) Number of children born to mother, including present birth { 11 }

MOTHER.  
(14) NAME BEFORE MARRIAGE Corrie M. Giff  
(15) PRESENT POSTOFFICE OF MOTHER Wilmington S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38  
(Years)  
(18) BIRTHPLACE Fairfield Co  
(19) OCCUPATION Field Hand  
(21) Number of children of this mother now living, including present birth { 10 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) George Anna West  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

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 Aug 15 1916 (28) J. M. M. Martin  
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.