

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40943

Registration District No. 403

Registered No. 74
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Rosa Ellenor

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

BIRTH Dec 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. Harry Hogg(9) PRESENT POSTOFFICE OF FATHER Branchville(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Calleton Co(13) OCCUPATION Woodsman Limber Co(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Wilson(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Branchville Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

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., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Thomas(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Branchville 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 12/18 1922

(28)

J. C. Linnick
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.