

PAWERS OR THIRLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

REVIEW OF REGISTRARS, GALESBURG, B. C.

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 or
 Inc. Town of _____
 or
 City of _____

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

Registration District No. 41057

File No. — For State Registrar Only
2599

Registered No. 7
 (For use of Local Registrar)

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

(2) Full Name of Child Rosa Wactor

(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 Jan. 19, 22
 To be answered only in event of Twin or Triplet (State of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME balin Wactor
 (9) PRESENT POSTOFFICE OF FATHER Daguer S.C.
 (10) COLOR OR RACE Colo'd (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Emma Ann Bolden
 (15) PRESENT POSTOFFICE OF MOTHER Daguer S.C.
 (16) COLOR OR RACE Colo'd (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(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 Rosa at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) balin Wactor
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Daguer S.C.

Given name added from a supplemental report

(26) Witness Mrs. Ann Binkette
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Jan 24 1922 (28) J. B. Rafford Registrar

When there was no attending physician, and when from the father, household, or mother reported as stillborn, No report is desired or stillbirths before the fifth month of pregnancy.