

(1) PLACE OF BIRTH

County of AndersonTownship of Garwin

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

40906

Registration District No. 315Registered No. 72

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u> Rufus Sambrell </u>	(14) NAME BEFORE MARRIAGE <u> Catharine Anderson </u>	(9) PRESENT POSTOFFICE OF FATHER <u> Liberty, S.C. R.R. </u>	(15) PRESENT POSTOFFICE OF MOTHER <u> Liberty, S.C. R.R. </u>
(10) COLOR OR RACE <u> Negro </u>	(16) COLOR OR RACE <u> Negro </u>	(11) AGE AT LAST BIRTHDAY <u> 21 </u> (Years)	(17) AGE AT LAST BIRTHDAY <u> 26 </u> (Years)
(12) BIRTHPLACE <u> S.C. </u>	(18) BIRTHPLACE <u> S.C. </u>	(13) OCCUPATION <u> Farming </u>	(19) OCCUPATION <u> House wife </u>
(20) Number of children born to mother, including present birth <u> 1 </u>	(21) Number of children of this mother now living, including present birth <u> 1 </u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Kellwood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Liberty, S.C. R.R.

Given name added from a supplemental report

(26) Witness Physician (Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Dec 10, 1922 (28) W. F. Casey 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.