

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.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Orange
OR
Inc. Town of.....
or
City of..... (No. St.; Ward)

(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

19740

Registration District No. 5.6.13. Registered No. 72.....
(For use of Local Registrar)

(2) Full Name of Child Elaine Rowe

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
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 25, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME E. H. Rowe

(9) PRESENT POSTOFFICE OF FATHER Winnaburg, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42..... (Years)

(12) BIRTHPLACE Orangeburg, S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Funchess

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28..... (Years)

(18) BIRTHPLACE Orangeburg, S.C.

(19) OCCUPATION Domestic Work

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive..... at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Kemmerly

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

midwife Orangeburg, 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 June 30, 1923. (28) A. L. Fairley 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.

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