

Form No. 1

(1) PLACE OF BIRTH

County of MarlboroTownship of Bennettsville

Inc. Town of

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

43876

Registration District No. 3301 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child James Abraham Roworth

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

| | | | | |
|--------------------------------------------------|----------------------|---------------------------------------|-------------------------------------|--------------------------------------------------|
| (1) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 7th 1916</u> |
| To be answered only in case of Twins or Triplets | | | (Name of Month) (Day) (Year) | |

FATHER.

(8) FULL NAME James Roworth(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Newbern NC(13) OCCUPATION Laborn(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Lee Rogers(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Marlboro Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Rowley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Bennettsville SC

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 9th 1916 (28) W W Pale 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.

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.
McCaw, of Columbia