

Form No. 1.

(1) PLACE OF BIRTH

County of Chesterfield

Township of Chesaw

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

48578

Registration District No. 1401

Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Rosalee Pove

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 8

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Will Pove

(9) PRESENT POSTOFFICE OF FATHER

Chesaw S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE

Chesterfield Co

(13) OCCUPATION

Farm Laborer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret Sellers

(15) PRESENT POSTOFFICE OF MOTHER

Chesaw S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE

Chesterfield Co

(19) OCCUPATION

Farm Laborer

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. P. Riggs

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Chesaw S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

July 10 1916

(28)

W. B. Riggs
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.

MARGIN RESERVED FOR INDEXING. WHEN FILING IN THIS IS A PERMANENT RECORD. 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.