

Form No. 1

## (1) PLACE OF BIRTH

County of Hershaw S.C.Township of PuffloOR  
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 2700

File No.—For State Registrar Only

43065

Registration District No. 14 Registered No. 157

(For use of Local Registrar)

(No. 58 St.; ..... Ward)(2) Full Name of Child Willie Rollings { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12-29-22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Clairby Rollings(9) PRESENT POSTOFFICE OF FATHER Jefferson(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE John Runge S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Elen Demby(15) PRESENT POSTOFFICE OF MOTHER Jefferson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY .....  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming(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... Born alive... at... 12 P.M....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Runge

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

Given name added from a supplemental report

(26) Witness R.B. Humphreys

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

....., 19...  
Registrar(27) DET. 1000 19...  
State 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.