(1) PLACE OF BIRTH
County of Calhoun
Township of Cowcaw
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 3075

Registration District No. 801 Registered No. 10
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosalin Mack

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

(3) SEX	(4) Twin or Triplet	(5) Number in order of birth	(6) Legitimate	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		Yes	Feb 8 1923 (Month) (Day) (Year)

FATHER

(8) FULL NAME Frank Mack
(9) PRESENT POSTOFFICE OF FATHER Jamison
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Dorchester County S.C.
(13) OCCUPATION Farm hand
(20) Number of children born to mother, including present birth 1

MOTHER

(14) MAIDEN NAME Rosa Lewis
(15) PRESENT POSTOFFICE OF MOTHER Jamison
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Colleton County S.C.
(19) OCCUPATION Farm hand
(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 6 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Herbert Lesesne
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Feb 10 1923 (28) J. H. [illegible]
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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