

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Lincolnton
 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

No. 35970
 For State Registrar Only

Registration District No. 3611 Registered No. 72
 (For use of Local Registrar)

(2) Full Name of Child Rose Carl (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 2 1921
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond Carl

(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Year)

(12) BIRTHPLACE Dillon S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Roback

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE Orangeburg S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Lissa Roback (24) State whether Physician or Midwife Midwife (25) Address of Physician or 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) Signed W. B. Queen (28) 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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