

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.

48340

(1) PLACE OF BIRTH OF MOTHER Charleston COUNTY OF Charleston STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State House of Health

Township of Registration District No. 9A Registered No. 171
 Inc. Town of (For use of local health officer)
 or
 City of Charleston (No. 257 Railroad St.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leige Dandy Rollins If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb. 16</u> <u>1916</u> (Name of Month) (Day) (Year) |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|

FATHER.

| | |
|--|---|
| (8) FULL NAME <u>Albert S. Rollins</u> | (14) NAME BEFORE MARRIAGE <u>Leige Dandy Permitt</u> |
| (9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u> |
| (10) COLOR OR RACE <u>White</u> | (16) COLOR OR RACE <u>White</u> |
| (11) AGE AT LAST BIRTHDAY <u>29</u> (Years) | (17) AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| (12) BIRTHPLACE <u>Bristow Virginia</u> | (18) BIRTHPLACE <u>Bristow Virginia</u> |
| (13) OCCUPATION <u>Accountant</u> | (19) OCCUPATION <u>Housewife</u> |
| (20) Number of children born to mother, including present birth <u>4</u> | (21) Number of children of this mother now living, including present birth <u>3</u> |

MOTHER.

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) M. J. P. Green
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 248 Calhoun

Given name added from a supplemental report 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7/17 1916 J. M. Green Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

McCaw, of Columbia.